

Case Number:	CM14-0008514		
Date Assigned:	05/02/2014	Date of Injury:	04/25/2003
Decision Date:	06/12/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/22/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 50 year old female who sustained an injury on 4/25/03. No specific mechanism of injury was noted in the medical records provided for review. The injured worker has been followed for chronic complaints of low back and sacroiliac joint pain. Multiple medications have been prescribed to the patient including Lidoderm Patches, Ambien, Nucynta, Neurontin, and Soma. These medications have been utilized throughout 2013. No toxicology reports were available for review. Other treatments have included multiple trigger point injections throughout 2013, as well as recent epidural steroid injections performed on 10/23/13. On 12/12/13, no specific response to epidural steroid injections was noted. On physical examination, the injured worker continued to be limited in regards to lumbar range of motion. The injured worker was unable to perform heel or toe walking and had positive facet loading signs. There was weakness present at the extensor hallucis longus to the left as well as on ankle dorsa flexion and plantar flexion. Decreased sensation was noted over the lateral calf. The report indicated that the injured worker was essentially non-functional. It does not appear that the injured worker was actively taking Nucynta and a trial of Tramadol was prescribed at this visit. Follow-up on 01/16/14 reported worsening of the injured worker's low back and right lower extremity pain. This report indicated epidural steroid injections were not beneficial. At this evaluation, Nucynta was discontinued and the injured worker was recommended to start Norco. No response to Tramadol was documented. The report on 1/27/14 reported no aberrant medication use. At this evaluation, Nucynta 75mg every 4-6 hours as needed for pain as well as Nucynta extended release 100mg taken twice daily was noted in addition to Tramadol 50mg and Norco 10/325mg every 4-6 hours. Physical examination findings remained unchanged. Per the report, it does not appear the injured worker was actively taking Nucynta. The injured worker reported her condition had worsened over time and that without Nucynta, the injured worker had

actually become non-functional. The injured worker reported some benefit with the addition of Norco.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

180 NUCYNTA 75MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88-89.

Decision rationale: The clinical documentation submitted for review indicated the injured worker was actually not taking Nucynta, although it was prescribed, due to authorization denials. The notes report the injured worker had a previous response to Nucynta and was now non-functional due to increasing pain. In review of the clinical reports, there was no specific finding for functional improvement or pain relief with the use of Nucynta that would have required its continuing use for this injured worker. The injured worker reported some benefits with the use of both Norco and Tramadol. Furthermore, the addition of both Nucynta 75mg every 4-6 hours and Nucynta extended release 100mg twice daily in combination with the already prescribed Norco and Tramadol would exceed the recommended maximum amount of narcotics to be taken in one day, set at 120mg. With the addition of both Nucynta medications, the injured worker's total morphine equivalent dosage (MED) would be 253mg per day. As the clinical documentation submitted for review does not support the addition of Nucynta 75mg, the requested Nucynta is not medically necessary.

60 NUCYNTA EX 100MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88-89.

Decision rationale: The clinical documentation submitted for review indicated that the injured worker was not taking Nucynta. The notes did report that the injured worker had a previous response to Nucynta and was now non-functional due to increasing pain. In review of the clinical reports, there was no specific finding for functional improvement or pain relief with the use of Nucynta would have required its continuing use for this injured worker. The injured worker reported some benefits with the use of both Norco and Tramadol. Furthermore, the addition of both Nucynta 75mg every 4-6 hours and Nucynta extended release 100mg twice daily in combination with the already prescribed Norco and Tramadol would exceed the recommended maximum amount of narcotics to be taken in one day set at 120mg. With the addition of both Nucynta medications, the injured worker's total morphine equivalent dosage (MED) would be

253mg per day. As the clinical documentation submitted for review does not support the addition of Nucynta EX 100mg, the requested Nucynta is not medically necessary.

30 AMBIEN CR 12.5MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; and the FDA

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The use of Ambien to address insomnia is recommended for a short-term duration no more than six weeks per current evidence based guidelines. Furthermore, the Food and Drug Administration (FDA) has recommended that dosing of Ambien be reduced from 12.5mg to 6.25mg due to adverse effects. The clinical documentation submitted for review does not provide any indications that the use of Ambien was effective in improving the injured worker's overall functional condition. As such, the request is not medically necessary.

30 SOMA 350MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-67.

Decision rationale: Chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short-term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. As such, the request is not medically necessary.

360 GENERALC 10GM: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: The injured worker has active prescriptions for both Tramadol and Norco. A common known side effect from narcotics use is constipation. The use of Generalc as a prophylactic medication to avoid opiate induced constipation would be reasonable and standard of care. As such, the request is medically necessary.