MAXIMUS Federal Services

Case Number:	CM14-0101374		
Date Assigned:	07/30/2014	Date of Injury:	04/06/2011
Decision Date:	09/22/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	07/01/2014

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 & Rehabilitation and is licensed to practice in California. 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 51-year-old female with a reported injury on 04/06/2011. The mechanism of injury was not provided. The injured worker's diagnoses consisted of left S1 nerve root radiculopathy, lumbago, chronic pain syndrome, myalgia and myositis, degeneration of thoracic or thoracolumbar intervertebral discs, degeneration of the cervical intervertebral discs, cervicalgia, lumbar spondylosis, and facet syndrome of the lumbar L5-S1. There was lack of evidence of an MRI provided for review. The injured worker had an examination on 03/14/2014 with complaints of low back and neck pain. She did report that she was having more pain relief and that her medications were lasting longer. She did use a stretching exercise program and heat with some relief on her muscle tightness and increased pain that is effective for her. She reported that with pain medications it provided 50% pain relief for 3 to 4 hours. She did report that she had more functional mobility and endurance when she is on her medications. She described her back pain as stabbing and generalized aching sensation. She described her neck pain as aching pain that occasionally radiated to the right side of her head into her left upper extremity and into the right scapular region. She reported her pain relief on a 4/10 to 5/10 with her medications. Upon examination of the lumbar spine, it was noted that she had a 5-/5 to her left lower extremity for strength during knee extension and hip flexion and a 5/5 of right extremity strength. The sacroiliac joints were tender to palpation bilaterally and the sensation was diminished in the right lateral calf and left posterior upper leg in the L5 dermatome. There was tenderness over the lumbar paraspinous and lumbosacral area. Her straight leg raise test was positive on the left and negative on the right but does produce low back pain. The medication list included Nucynta, Xanax, Elavil, hydrocodone, Flexeril, Ambien, Flector patches, Cymbalta, and promolaxin. The recommended plan of treatment was for her to renew her medications.

There was no mention in the examination provided regarding an epidural steroid injection. The Request for Authorization and the rationale were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (updated 03/10/14), Insomnia treatment (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Zolpidem.

Decision rationale: The request for Ambien 10 #30 mg is not medically necessary. The California Medical Treatment Utilization Schedule guidelines and American College of Occupational and Environmental Medicine guidelines do not address the request. The Official Disability Guidelines recommend Ambien for short-term use usually two to six weeks. The guidelines also recommend that cognitive behavior therapy should be an important part of an insomnia treatment plan. The dose for women should be lowered from 10 mg to 5 mg. The injured worker did report improved sleep with the medication, although it is unknown how long she has been taking this medication. There is a lack of evidence to support the medical necessity of 30 pills without further assessment and evaluation. The request did not specify directions as far as frequency and duration and the number of 30 pills is for a longer duration than the recommended two weeks. Additionally, there was a lack of evidence of a cognitive behavior plan. The clinical information fails to meet the evidence-based guidelines. Therefore, the request for Ambien 10 mg #30 is not medically necessary.

Nucynta 50 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 05/15/14) Tapentadol (Nucynta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: The request for Nucynta 50 mg #60 is not medically necessary. The California MTUS Guidelines recommend for ongoing monitoring of opioids to have documentation of pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or non-adherent drug related behaviors. The California MTUS Guidelines also recommend consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. There is evidence that the injured worker does have efficacy and is able to improve her function of activities of daily living with medications. There

was no complaints of side effects. There was a urine drug screen test that is consistent with her medications that was performed on 02/24/2014. However, she has been taking this medication since at least 12/2013 and there is no evidence of a consultation with a multidisciplinary pain clinic. There is no evidence that shows that the opioids should be continued. Furthermore, the request does not specify direction as far as frequency and duration. There is a lack of evidence to support the number of 60 pills without further evaluation and assessment. The clinical information fails to medical evidence the evidence-based Guidelines for the Nucynta. Therefore, the request for Nucynta 50 mg #60 is not medically necessary.

Flector 1.3% #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 05/15/14) Flector patch (diclofenac epolamine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-112.

Decision rationale: The request for Flector 1.3% #60 is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is a lack of evidence that there has been a trial of antidepressants and anticonvulsants that have failed. There is a lack of evidence of neuropathic pain. The California MTUS Guidelines also do not recommend any compounded product that contains at least 1 drug or drug class that is not recommended. Flector is a nonsteroidal anti-inflammatory agent and the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. It is recommended that topical NSAIDs are indicated for osteoarthritis and tendinitis and are not to be used for longer than 4 to 12 weeks. The injured worker has been on this medication at least since 12/2013 and there is no evidence of improvement. Furthermore, the Flector does not come with directions as far as frequency and duration and the location as to where this is to be placed. There is a lack of evidence for the medical necessity of 60 patches without further evaluation and assessment. The clinical information fails to meet the evidence-based guidelines for the request. Therefore, the request for Flector 1.3% #60 is not medically necessary.

Lumbar epidural steroid injection under fluoroscopic guidance and conscious sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (updated 5/15/14) Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steriod injection Page(s): 46.

Decision rationale: The request for Lumbar epidural steroid injection under fluoroscopic guidance and conscious sedation is not medically necessary. The California MTUS Guidelines recommend that the criteria for epidural steroid injections to have radiculopathy that is documented by physical examination and corroborated by imaging studies. Also, if they are initially unresponsive to conservative treatment to include exercises, physical methods, NSAIDs, and muscle relaxants. There is a lack of evidence of radiculopathy by examination and there is no corroborating imaging to be reviewed. There also was a lack of evidence of the injured worker being unresponsive to conservative treatment such as exercise, physical methods, the use of NSAIDs, and/or muscle relaxants. Furthermore, the request does not specify which level and how many levels are to be injected. There is a lack of evidence to support the medical necessity of a lumbar injection. There was not a clinical evaluation provided that suggested and recommended a LESI. Therefore, the request for Lumbar epidural steroid injection under fluoroscopic guidance and conscious sedation is not medically necessary.