

Case Number:	CM14-0010749		
Date Assigned:	05/30/2014	Date of Injury:	01/16/1995
Decision Date:	12/30/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/27/2014

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 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 66 year-old female with a date of injury of January 16, 1995. The patient's industrially related diagnoses include post-laminectomy syndrome of the lumbar region, lumbosacral spondylosis without myelopathy, and chronic pain. A previous caudal epidural performed on 7/23/2013 provided 40%-60% relief. The disputed issues are Butrans Patch 20 mcg/hr #4, Nucynta IR 100 mg #90, Lunesta 3 mg #30, Fioricet #90, new TENS unit, and repeat caudal epidural steroid injection (ESI) with catheter, with fluoroscopic guidance and moderate sedation. A utilization review determination on 12/17/2013 had non-certified these requests. The stated rationale for the modification of Butrans to #2 patches and Nucynta to #45 tablets was: "The documentation indicates an increase in pain scores with the use of this medication and there is no documentation of objective functional/vocational benefit with ongoing use. There is no documentation of UDS performed to monitor compliance and screen for aberrant behavior, and no documentation of a signed opiate agreement. Ongoing use of chronic opioids is not supported in the current clinical setting or supported by the guidelines." The stated rationale for the denial of Lunesta was: "The documentation provided does not include objective functional benefit with the use of this medication or describe failure of behavioral interventions including following sleep hygiene techniques." The stated rationale for the denial of Fioricet was: "Guidelines indicate Fioricet is not recommended for chronic pain, as there potential for drug dependence is high and there is no evidence to show a clinically important enhancement of analgesic efficacy of barbiturate-containing agents (BCAs) due to the barbiturate constituents. Fioricet is commonly used for acute headache, but there is risks of medication overuse as well as rebound headache." The stated rationale for the denial of a new TENS unit was: "The documentation does not describe what happened with the patient's previous TENS unit or why a replacement unit is being requested. There is further no documentation that use of TENS has resulted in significant

analgesic benefit or functional improvement." Lastly, the stated rationale for the denial of the repeat caudal epidural was: "In this case, it is noted that the patient previously underwent a caudal epidural steroid injection in November 2012, which reportedly provided 50% relief. However, there is no documentation of duration of relief, functional benefit and duration, or associated reduction in medication use to support medical necessity of repeating this procedure."

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 20 mcg/hr, #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-80.

Decision rationale: Regarding the request for Butrans (buprenorphine), Chronic Pain Medical Treatment Guidelines state that Butrans is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. In the progress report dated 11/26/2013, the provider documented that the medications are helping without any adverse side effects but there was no documentation of pain relief in terms of percent reduction in pain or reduced NRS. In the previous progress report dated 9/26/2013, pain level was noted to be 5-6/10 with medication but on 11/26/2013, pain level was 7/10. Furthermore, there was no documentation of specific examples of functional improvement. In previous progress reports, there was documentation that a UDS done on 5/1/2013 which was consistent and another UDS was done on 8/20/2014, but the results were not available. However, there was no documentation of a signed opioid agreement and no recent CURES report was provided to confirm that the injured worker is only getting opioids from one practitioner. In the case of this injured worker, there is no clear indication for ongoing use of Butrans. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the prescription for Butrans 20 mcg/hr #4 is not medically necessary.

Nucynta IR 100 mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Regarding the request for Nucynta (Tapentadol), Chronic Pain Medical Treatment Guidelines state that Nucynta is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective

functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. In the progress report dated 11/26/2013, the provider documented that the medications are helping without any adverse side effects but there was no documentation of pain relief in terms of percent reduction in pain or reduced NRS. In the previous progress report dated 9/26/2013, pain level was noted to be 5-6/10 with medication but on 11/26/2013, pain level was 7/10. The prescription for Nucynta IR 100 mg was increased from #60 tabs on 9/26/2013 to #90 on 11/26/2013. Furthermore, there was no documentation of specific examples of functional improvement with the use of this medication. In previous progress reports, there was documentation that a UDS done on 5/1/2013 which was consistent and another UDS was done on 8/20/2014 but the results were not available. However, there was no documentation of a signed opioid agreement and no recent CURES report was provided to confirm that the injured worker is only getting opioids from one practitioner. In the case of this injured worker, there is no clear indication for ongoing use of Nucynta IR. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the prescription for Nucynta IR 100 mg #90 is not medically necessary.

Lunesta 3 mg, #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter and Mental Illness and Stress Chapter, Insomnia Topics

Decision rationale: Regarding the request for Lunesta, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there are no subjective complaints of insomnia, no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, and no statement indicating what behavioral treatments have been attempted for the condition of insomnia. Finally, there is no indication that Lunesta is being used for short term use as recommended by guidelines since it has been prescribed monthly for over 5 months. In light of these issues, medical necessity for Lunesta 3 mg #30 could not be established.

Fioricet, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing Analgesics (BCAs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing Analgesics Section Page(s): 23.

Decision rationale: Fioricet is a combination drug of Butalbital, acetaminophen, and caffeine. Regarding the request for Fioricet, Chronic Pain Medical Treatment Guidelines state that barbiturate containing analgesic agents is not recommended for chronic pain. The guidelines further specify that the potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. Given these guidelines, the request for Fioricet #90 is not medically necessary.

New TENS Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Transcutaneous Electrotherapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: Regarding the request for a new TENS, Chronic Pain Medical Treatment Guidelines state prior to TENS unit purchase, one month trial should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach, with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Within the documentation available for review, there was no indication that the injured worker was using a TENS unit until she requested a replacement TENS unit on date of service 11/26/2013. In that progress report, there was no documentation of any specific objective functional benefit with the use of the TENS unit and the provider did not document the rationale as to why a new unit was being requested. In the absence of clarity regarding these issues, the request for a new TENS unit is not medically necessary.

Repeat Caudal Epidural Steroid Injection (ESI) with catheter, with fluoroscopic guidance and moderate sedation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Regarding the request for repeat caudal epidural steroid injection (ESI), Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar or two transforaminal be injected in one session. Regarding repeat epidural injections, guidelines state that repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, the provider indicated that a previous epidural injection done November 2012 provided at least 50% pain relief but there was no documentation of objective functional

improvement as a result of the injection. Another caudal ESI done on 7/23/2013 provided 40-60% relief however no functional improvement was documented. In the progress report dated 11/26/2013 at the time of the request, there were no objective findings on physical examination consistent of radiculopathy. In the absence of such documentation, the request for repeat caudal epidural steroid injection is not medically necessary.