

Case Number:	CM14-0014234		
Date Assigned:	02/26/2014	Date of Injury:	03/10/2007
Decision Date:	06/26/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/04/2014

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, has a subspecialty in Interventional Spine 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 patient is a 41 year old with an injury date on 3/10/07. Based on the 1/13/14 progress report provided by [REDACTED] the diagnoses are: (1) History of partial laminectomy at L4-L5 with redo with laminar fusion from L4- L5 with chronic back pain, muscle spasms, radicular symptoms in the right leg. (2) His right knee has been giving out, secondary to his right lower extremity radiculopathy, possible DID in the knee joint as well with possible orthopedic issues about his right knee causing knee pain as well. (3) Insomnia due to pain. (4) Type 2 diabetes with industrial onset due to sedentary status and weight gain due to industrial injury to his back. (5) Erectile dysfunction related to diabetes and weigh gain, industrially accepted, stable with intermittent Cialis use. (6) GERO related to chronic gastritis from medication use, stable with Nexium. (7) History of elevated liver enzymes, including ALT and AST related to fatty liver disorder. (8) History of reactive depression, stable with Zoloft. (9) Neuropathic pain in the lower extremities related to diabetic neuropathy with industrial onset. (10) Recent MRI of the left shoulder reveals AC joint arthritis in the shoulder joint and EMG nerve conduction study is negative in the left upper extremity. Exam on 1/13/14 showed patient is "afebrile. Limited range of motion of lower back. Positive straight leg raise at 80 degrees bilaterally. Palpation reveals muscle spasm and loss of lordotic curvature. Altered sensory loss at right lateral calf and bottom of foot. Ambulates with limp in right lower extremity. DTR: +1 at knees and ankles." [REDACTED] is requesting one prescription of Nucynta 100mg #120, one ENT consultation, ONT hot tub. The utilization review determination being challenged is dated 1/24/14 and modifies request for Nucynta from #120 to #90 for purpose of weaning off opioid. [REDACTED] is the requesting provider, and he provided treatment reports from 8/26/13 to 1/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF NUCYNTA 100 MG #120: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG guidelines, pain chapter online for Tapentadol (Nucynta)

Decision rationale: This patient presents with constant back pain, muscle spasms, cannot stand up straight, pain radiating down right leg. The treater has asked one prescription of Nucynta 100mg #120. Patient has been taking Nucynta as early as 8/26/13, reporting 50% functional improvement compared to not taking meds. Appropriate UDS showing compliance per 10/21/13 report. Patient reports taking Nucynta occasionally, while relying on Flexeril for spasms per 11/18/13 report. Patient reports increase in symptoms, radiating up throat on 1/13/14, and now manages pain with 104 Nucynta per day, and occasional Flexeril for muscle spasms. For Nucynta, ODG recommends as second line therapy for patients who develop intolerable adverse effects with first line opioids. In this case, patient reports functional improvement from taking Nucynta. Requested one prescription of Nucynta 100mg #120 is within MTUS guidelines. Recommendation is for authorization.

ONE ENT CONSULTATION: Upheld

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 Chronic Pain Medical Treatment Guidelines Page(s): 8. Decision based on Non-MTUS Citation XAmerican College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127

Decision rationale: This patient presents with constant back pain, muscle spasms, cannot stand up straight, pain radiating down right leg. The treater has asked one prescription of one ENT consultation on 1/13/14 "to evaluate sore throat and residual acid reflex symptoms in throat and upper airway area." Patient is taking Omezaprazole, and sleeping on wedge for acid reflux as of 11/18/13. On 1/13/14 report, patient has recent pain radiating up throat and upper airway. Patient wants to see an ENT consult for acid reflux, but refuses to see his GERD specialist for unspecified reason per 1/3/14 report. Regarding consultations, ACOEM states that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, treater does not explain why acid reflux issue cannot be address by patient's current GERD specialist. Requested ENT consult is not medically necessary. Recommendation is for denial.

ONT HOT TUB: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section on Durable Medical Equipment

Decision rationale: This patient presents with constant back pain, muscle spasms, cannot stand up straight, pain radiating down right leg. The treater has asked one prescription of hot tub on 1/13/14 for "muscle therapy and relaxation of back muscles." Regarding durable medical equipment, ODG guidelines state: "Recommended if prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations and if the device meets Medicare's definition of durable medical equipment (DME), which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; and (4) Is appropriate for use in a patient's home." A hot tub is not strictly medical treatment equipment and this patient does not present with any special needs for a hot tub. In this case, requested hot tub does not fit ODG guidelines for medically necessary equipment. Recommendation is for denial.