

Case Number:	CM14-0014909		
Date Assigned:	02/28/2014	Date of Injury:	11/17/1997
Decision Date:	06/27/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/05/2014

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:

This patient is a 55-year-old male with date of injury of 11/17/1997. Per treating physician's report 01/06/2014, the patient presents with chronic low back pain with radiation down both lower extremities. MRI had shown degenerative disk changes with facet arthropathies at L3 to S1. Treating physician's listed diagnoses are spondylosis of lumbosacral, degenerative disk disease of the lumbar spine. For treatments, patient's Nucynta, Ambien, Xanax, and methylphenidate were refilled. Report on 10/30/2013 has patient presenting with low back pain as well with radiating symptoms down both lower extremities. Assessment is the same and medications were prescribed with same statements regarding efficacy of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

NUCYNTA 100MG #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-80.

Decision rationale: This patient presents with chronic low back pain. The treater physician has been prescribing Nucynta for quite some time. Review of the reports show documentations that medications are providing "modicum of relief" with improvement of activities of daily living (ADLs). MTUS Guidelines page 78 requires specific documentations including the 4As: analgesia, ADLs, adverse effects, adverse behavior as well as "pain assessment" that include current pain, least pain, average pain, time it takes for medication to work, and duration of pain relief. In this case, the treating physician states that medication only providing minimal relief with improvements in ADLs but there are no specific to demonstrate significant improvement of the activities of daily living. There are no discussions regarding opiates management including CURES report, urine drug screen, and discussion regarding opiates use and behavior. No pain assessment documentation was provided either. Recommendation is not medically necessary.

AMBIEN 10MG #30: Upheld

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

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

Decision rationale: This patient presents with chronic low back pain. The treating physician has been prescribing Ambien. ODG Guidelines do not support long-term use of Ambien. Only short-term use is recommended. In this case, patient has been prescribed Ambien at a monthly basis, which is not supported by guidelines. Recommendation is not medically necessary.

XANAX 1MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: This patient presents with chronic low back pain. The request is for Xanax 1 mg #30. MTUS Guidelines do not support long-term use of benzodiazepines for chronic pain. If it is use, only short term is recommended for specific purposes. Given that this medication is prescribed in a long-term basis based on the review of the reports, recommendation is the request is not medically necessary.

METHYLPHENIDATE HD 15MG #60: 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 Other Medical Treatment Guideline or Medical Evidence: FDA label indication for Methylphenidate INDICATIONS Attention Deficit Disorders, Narcolepsy Attention Deficit Disorders (previously known as Minimal Brain Dysfunction in Children). Other terms being used to describe the behavioral syndrome below include: Hyperkinetic Child Syndrome, Minimal Brain Damage, Minimal Cerebral Dysfunction, Minor Cerebral Dysfunction. Ritalin is indicated as an integral

Decision rationale: This patient presents with chronic low back pain. Request is for methylphenidate. There is lack of guidelines support for use of methylphenidate for chronic pain conditions. This patient does not present with attention deficit disorders or other psychiatric disorders that may be indicated for use of methylphenidate. Despite review of multiple reports, patient only presents with chronic low back pain for which methylphenidate is not indicated. Recommendation is not medically necessary.