

Case Number:	CM14-0015622		
Date Assigned:	02/28/2014	Date of Injury:	02/13/2004
Decision Date:	06/30/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/06/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in California and Nevada. 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 54 year old female who sustained an injury on 02/13/04 while pulling a bed pad from underneath a patient. The injured worker indicated that she felt something snap in the low back with immediate pain. The injured worker also described pain radiating through the left lower extremity. The injured worker's prior surgical history included bilateral carpal tunnel releases performed in 2007 and then in 2009. The injured worker has also undergone a prior lumbar fusion at L5-S1 in January of 2005. The injured worker has had a spinal cord stimulator implanted. The injured worker had been followed for ongoing complaints of chronic low back pain. Medications have included the use of Celebrex, Gabapentin, as well as Nucynta. The injured worker had also utilized topical Lidoderm patches as well as Dendracin lotion for pain. The injured worker is reported to have had 30% improvement in regards to pain with the use of Nucynta. The injured worker was reported to have functional improvement in regards to ambulation. The injured worker noted that without medications that she was very sedentary and confined to bed. Overall, the injured worker reported a 30% reduction in pain with medications. The clinical report on 12/19/13 indicated the injured worker had increasing pain due to the fact that her medications were not being supplied. The injured worker continued to report severe intractable low back pain radiating to the lower extremities as well as neck pain radiating to the right upper extremity. The injured worker's pain scores at this visit were between 8 and 9/10 on the VAS. The injured worker indicated that with medications, her overall pain levels were reduced and without the medications her pain was out of control. The injured worker was stated to be functionally improved with medications with a 30% reduction in overall pain. Prescribed medications at this visit included Gabapentin 300mg twice daily, Celebrex 100mg twice daily, Nucynta 75mg twice daily, Phenergan 25mg as needed, Amitriptyline 25mg daily, and topical Dendracin and Lidoderm patches. The injured worker was receiving Wellbutrin as well as

Protonix from other physicians. On physical examination, the injured worker demonstrated moderate discomfort. The injured worker ambulated with a 4 wheeled walker and utilized an AFO brace for the left lower extremity. The injured worker also had a cast boot for the right lower extremity. Positive allodynia and tenderness to palpation in the lumbar spine was noted. There was weakness present in the lower extremities throughout. Reflexes were trace to absent to the left lower extremity with sensory loss in a left L5-S1 dermatomal distribution. Laboratory studies from November of 2013 did not identify any consistent findings. The injured worker was recommended to return to prescribed medications for both chronic musculoskeletal and neuropathic pain. The 01/20/14 report did note that the injured worker had previously trialed Percocet, Norco, and Tramadol, all of which were discontinued due to side effects. The injured worker also had side effects from the use of antiinflammatories such as Naprosyn. Physical examination findings at this visit remained unchanged. The 02/18/14 clinical report noted the injured worker did finally receive medications with the exception of Celebrex. Pain scores at this visit were 8/10 on the VAS. Reflexes continued to be unchanged. Laboratory studies did note a slightly elevated ALT and alkaline phosphatase. Urine drug screen samples were requested at this evaluation. The most recent evaluation on 03/18/14 reported no change in the injured worker's symptoms. Pain scores were at 7/10 on the VAS. No drug seeking behavior was noted. The injured worker was under an opioid agreement. Physical examination findings remained unchanged. The most recent urinary drug screen results from February of 2014 did note a positive finding for Amitriptyline which was consistent with prescribed medications. The study did not test for Nucynta. The recommendation was to continue with Nucynta, Gabapentin, Amitriptyline, and Celebrex at this visit. The requested continuous and repeat laboratory testing, Nucynta IR, Gabapentin, Celebrex, and Amitriptyline were all denied by utilization review on 03/31/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUATION AND REPEAT LAB TESTING: 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) Pain Chapter, UDS

Decision rationale: In regards to the continuous and repeat laboratory testing, this request would not be supported as medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines. The injured worker's last recent urinary drug screen was consistent with the prescribed Amitriptyline. The drug screens were noted to not include Nucynta as part of the testing panel. Given that Nucynta is not actively being tested for compliance and there was no further information regarding risk stratification testing for opioid misuse or diversion, there is insufficient evidence to support the continuous and repeat laboratory testing for this injured worker at this time. The request for Continuation And Repeat Lab Testing is not medically necessary.

NUCYNTA IR: 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 Chronic Pain Medical Treatment Guidelines Opiates, Criteria for Use, Page(s): 88-89.

Decision rationale: In regards to Nucynta IR, the clinical documentation provided for review indicated this medication is being utilized for breakthrough pain. As of 03/18/14, Nucynta was being utilized twice daily at 75mg. With this frequency of use, the injured worker was obtaining 30% relief of overall pain with improved functional ability. Given the documentation regarding functional benefit and pain reduction obtained with the use of Nucynta and as prior narcotic analgesics had caused substantial side effects in the injured worker, this reviewer recommends that this medication is medically necessary.

GABAPENTIN(NEURONTIN): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTI EPILEPSY DRUG(AED), 49

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Antiepileptics, Page(s): 16-22.

Decision rationale: . The injured worker did present with objective evidence consistent with persistent and chronic neuropathic pain in the lower extremities due to a chronic radiculopathy. Gabapentin is a recommended 1st line medication in the use of neuropathic pain. With this medication, the injured worker reported both functional benefit and pain reduction. Given the injured worker's persistent neuropathic condition and guideline recommendations for Gabapentin as a treatment of neuropathic pain, this reviewer recommends that this medication is medically necessary.

CELEBREX: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: In regards to the requested Celebrex, this medication would not be supported as medically necessary based on review of the clinical documentation submitted. The injured worker is noted to have elevated liver functions. The ongoing use of Celebrex would be contraindicated in the presence of abnormal liver function testing. Given the risks for further hepatic complications with the continued long term use of anti-inflammatories to include Celebrex, this reviewer would not have recommended certification for this medication. The request for Celebrex is not medically necessary.

AMITRIPTYLINE: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Antidepressants, Page(s): 13-16.

Decision rationale: Amitriptyline is considered a 1st line medication in the treatment of both neuropathic pain as well as chronic musculoskeletal pain. The injured worker's physical examination findings did note objective evidence consistent with an ongoing neuropathic condition. Given the functional benefit and pain reduction obtained with the use of this medication per the clinical reports, this reviewer would recommend certification for this medication. The request for Amitriptyline is medically necessary.