

Case Number:	CM14-0129064		
Date Assigned:	08/18/2014	Date of Injury:	02/03/2009
Decision Date:	12/31/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/13/2014

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 Family 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:

This is a 45 year old female patient who sustained a work related injury on 2/3/2009. The exact mechanism of injury was not specified in the records provided. The current diagnoses include right foot pain, peripheral neuropathy and right elbow pain. Per the doctor's note dated 6/11/14, patient has complaints of right foot pain which was located primarily on the dorsum of the right foot. Physical examination revealed antalgic gait, a well-healed scar which was tender to touch, a scar over the right elbow, swelling over the right elbow, 4/5 strength and negative SLR and normal ROM. The patient was approved for a psychological clearance for a spinal cord stimulator on December 5, 2013. The patient had undergone the functional capacity testing, which indicated limitation of up to 60 pounds of lifting. The current medication lists include Nucynta, Flexeril, Omeprazole, Klonopin, Aleve. The patient has had MRI of the right foot on 10/22/2009 that revealed fluid collection in operative defect which was confirmed to be a Morton's Neuroma, appearance consistent with a seroma, likely communicating across the third interspace between the second and third metatarsal and MRI of the right foot on 03/09/2009 that revealed vague 9 mm ovoid lesion in the plantar aspect of the foot adjacent to the interspace between the distal second and third metatarsal heads suggestive of a Morton's neuroma. The patient's surgical history includes right foot surgeries consisting of excision of Morton's/neuroma in 2009 and 2010. She has had 3 foot surgeries two in 2009 and one in 2010. She underwent left elbow surgery recently on an industrial basis. The patient has received an unspecified number of the PT and acupuncture visits for this injury. The patient has used a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological Clearance for a Spinal Cord Stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, IME and consultations

Decision rationale: Per the cited guidelines, "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." The patient was approved for a psychological clearance for a spinal cord stimulator on December 5, 2013. Rationale for repeating for a psychological clearance for a spinal cord stimulator was not specified in the records provided. Any evidence that the diagnosis is uncertain or extremely complex was not specified in the records provided. A basic psychiatric history and examination was not specified in the records provided. A history and details regarding psychiatric symptoms since the date of injury was not specified in the records provided. A detailed response to treatment for anxiety/depression was not specified in the records provided. Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy was not provided in the medical records submitted. The medical necessity of the request for Psychological Clearance for a Spinal Cord Stimulator is not fully established in this patient.

Nucynta 100mg #300: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines; Central acting analgesics ; Opioids for neuropathic pain Page(s): 75.

Decision rationale: Nucynta, is a centrally acting analgesic with a dual mode of action as an agonist of the μ -opioid receptor and as a norepinephrine reuptake inhibitor. It is similar to tramadol in its dual mechanism of action. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesic drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Nucynta use is recommended for treatment of episodic exacerbations of severe pain. Patient is having chronic pain and is taking Nucynta for this injury. Response to Nucynta in terms of functional improvement is not specified in the records provided. The level of the pain with and without medications is not specified in the records

provided.. Short term or prn use of Nucynta for acute exacerbations would be considered reasonable appropriate and necessary. However, any evidence of episodic exacerbations of severe pain was not specified in the records provided. The need for Nucynta on a daily basis with lack of documented improvement in function is not fully established. This request for Nucynta 100mg #300, as prescribed and submitted, is not fully established for this injury.

Omeprazole 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI Symptoms & Cardiovascular Risk, Proton Pump Inhibitor.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Per the CA MTUS NSAIDs guidelines cited below, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events...Patients at high risk for gastrointestinal events...Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when- "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." There is no evidence in the records provided that the patient has GI symptoms with the use of NSAIDs. Any current use of NSAIDs is not specified in the records provided. The records provided do not specify any objective evidence of GI disorders, GI bleeding or peptic ulcer. The medical necessity of the request for Omeprazole 20mg #30 is not fully established in this patient.

Klonopin 1mg #60: Upheld

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

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

Decision rationale: Clonazepam is a benzodiazepine, an anti anxiety drug. According to MTUS guidelines Benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of actions includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety." A detailed history of anxiety or insomnia is not specified in the records provided. Any trial of other measures for treatment of insomnia is not specified in the records provided. A detailed evaluation by a psychiatrist for the stress related conditions is not specified in the records provided. As mentioned above, prolonged use of anxiolytic may lead to dependence and does not alter stressors or the individual's coping mechanisms. The cited guideline recommends that if anti-anxiety medication is needed for a longer time, appropriate

referral needs to be considered. The medical necessity of the request for Klonopin 1mg #60 is not fully established in this patient.