

<b>Case Number:</b>	CM14-0157251		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	08/16/2001
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 Management 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 female patient with a date of injury of August 16, 2001. A utilization review determination dated September 19, 2014 recommends non-certification of Nucynta 150mg #30, Lexapro 10 mg #60 with modification to #30 for process of weaning, Norco 10/325mg #240 with modification to #120 for process of weaning, and Ambien 5 mg #30 with modification to #15 for weaning process. A progress and dated August 29, 2014 identify subjective complaints of ongoing bilateral upper extremity pain left more than right, the patient is taking up to 8 Norco a day and Nucynta, and the patient is once again complaining of struggling with significant pain. The patient's average pain level is a 7/10 which goes up to a 8/10, and is reduced to a 6/10 when takes both 8 Norco and 150 mg Nucynta. The patient reports that she is able to do light things around her home but not more than that, the patient states that she is in too much pain to exercise. The patient reports that the addition of Lexapro was beneficial, she noticed a small change and would like to try 20 mg. Current medications include Norco 10/325mg 8/day, Ambien 5 mg at night, Nucynta ER 150 mg once a day, Zanaflex 4 mg 1 to 2 tablets at nighttime, and Lexapro 10 mg QHS. Physical examination identifies that the patient appears uncomfortable, she is rocking back and forth while seated in a chair, and the patient is holding her left upper extremity against her trunk area. The diagnoses include neck pain, upper extremity pain, chest and rib pain. The treatment plan recommends an increase of Lexapro to 20 mg at night, continuation with Norco 10/325 #240, continuation with Ambien 5 mg #30, and continuation with Nucynta ER 150 mg #30, a prescription for Lexapro 10 mg #60 was given to the patient, and the patient's sling and TLSO brace have been denied and are pending in the independent medical review. A urine drug screen obtained on April 9, 2014 was consistent for opiates, a detailed final report was not provided.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 150mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

**Decision rationale:** California 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. Within the documentation available for review, there is documentation of improved pain and function as a result of this medication. It is acknowledged that there is no documentation regarding side effects, and no discussion regarding aberrant use. However, a one month supply of medication should give the requesting physician time to document those things. In light of the above issues, the currently requested Nucynta 150mg #30 is medically necessary.

**Retro Lexapro 10mg #60 Dispensed 08/29/2014:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 395-396, 402, Chronic Pain Treatment Guidelines Page(s): 107.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that selective serotonin reuptake inhibitors may have a role in treating secondary depression. Additionally, guidelines recommend follow-up evaluation with mental status examinations to identify whether depression is still present. Guidelines indicate that a lack of response to antidepressant medications may indicate other underlying issues. Within the documentation available for review, it appears the patient had a small benefit with the Lexapro 10 mg, and the requesting provider would like to titrate up the dose to determine if the medication will be helpful. As such, the currently requested Lexapro 10mg #60 is medically necessary.

**Retro Norco 10/325mg #240 Dispensed 08/29/2014:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

**Decision rationale:** California Pain Medical Treatment Guidelines state that Norco 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. Within the documentation available for review, there is documentation of improved pain and function as a result of this medication. It is acknowledged that there is no documentation regarding side effects, and no discussion regarding aberrant use. However, a one month supply of medication should give the requesting physician time to document those things. In light of the above issues, the currently requested Norco 10/325 #240 is medically necessary.

**Retro Ambien 5mg #30 Dispensed 08/29/2014:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Zolpidem

**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, Sleep Medication, Insomnia treatment

**Decision rationale:** 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, no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the patient has responded to Ambien treatment. . Finally, there is no indication that Ambien is being used for short term use as recommended by guidelines. In the absence of such documentation, the currently requested Ambien 5mg #30 is not medically necessary.