

Case Number:	CM14-0168736		
Date Assigned:	10/16/2014	Date of Injury:	11/12/2008
Decision Date:	12/10/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/13/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 37-year-old female with complaints of pain in the low back, bilateral hips and left knee. The date of injury is 11/12/08 and the mechanism of injury was not provided. At the time of request for Mentax #60, Baclofen 10mg #60, Nucynta ER 150mg #60, Oxycodone 10mg#12, there are subjective (severe left foot and ankle pain; RSD; right hip pain with tingling sensation with tenderness to touch), and objective (she continues to have ongoing pain with swelling in her left foot radiating to the left back along with color changes of LLE. She has ongoing baseline left ankle/foot pain secondary to CRPS I/II, and ongoing positive allodynia with color changes. Her pain is rated at 10/10 on pain scale. Her sleep quality is poor due to pain.) findings, imaging/other findings (UDS is positive for prescribed medications.), surgeries (surgery in the ankle ligament to decompress the nerves.), current medications (baclofen, Celebrex, Cymbalta, Neurontin, Nucynta ER, oxycodone, phentermine, Senokot-S, Subsys, and Zanaflex), diagnoses (RSD, lower limb; pain in ankle and foot joint, unspecified myalgia and myositis, and muscle spasm.), and treatment to date (she has had LSB dated 04/04/14 noting about 25% decrease in pain, this lasted for about 2 weeks and has since returned. Current medications are working fair). She has been taking these medications since at least 05/15/14. The request for Mentax #60, Baclofen 10mg #60, Nucynta ER 150mg #60, and Oxycodone 10mg#12 was denied on 09/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mentax #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain(Chronic), Medical Food and Other Medical Treatment Guideline or Medical Evidence:
<http://www.metanx.com/>

Decision rationale: Metanx is categorized as a prescription medical food and is indicated for diabetic neuropathy. Traditional over-the-counter vitamins are synthetic forms of the nutrients found in nature. This is the case for common B-vitamins such as folic acid, vitamin B6 and vitamin B12. Each of these must be converted into their natural, active forms before they can actually be used by the body's cells for such vital functions as DNA production, cell reproduction and homocysteine metabolism. Up to 50% of individuals are unable to fully convert dietary folic acid into the active form of folate, L-methylfolate. Metanx features L-methylfolate, the naturally occurring, predominant form of folate used by the body. Unfortunately, medical foods are not recommended per ODG guidelines. Metanx is well tolerated in short-term and chronic use, however the request is not considered medically necessary.

Baclofen 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity Page(s): 64.

Decision rationale: Per guidelines, Baclofen (Lioresal) is an antispasticity drug; the mechanism of action is blockade of the pre- and post-synaptic GABAB receptors. It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain (trigeminal neuralgia, non-FDA approved). In this case muscle relaxants are not recommended for chronic use, zanaflex is also prescribed thus there are two muscle relaxants with no documentation of treatment efficacy specifically with baclofen; therefore, the request for baclofen is not medically necessary according to guidelines.

Oxycodone 10mg#12: 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 Opioids Page(s): 74-84, 91-97.

Decision rationale: According to CA MTUS guidelines, Oxycodone is a short acting Opioid is recommended for chronic pain management under certain criteria. The guidelines state the following for continuation of management with Opioids; "Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the Opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life". In this case, opioid prescribing protocols are fulfilled, documented efficacy has been confirmed and therefore the request for oxycodone 10mg is medically necessary.

Nucynta ER 150mg #60: 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 Opioids Page(s): 74-84. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain(Chronic), Nucynta

Decision rationale: Per CTUS and ODG guidelines, Nucynta is recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids. These recent large RCTs concluded that tapentadol was efficacious and provided efficacy that was similar to oxycodone for the management of chronic osteoarthritis knee and low back pain, with a superior gastrointestinal tolerability profile and fewer treatment discontinuations. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. In this case surveillance is documented, treatment efficacy is documented and it is medically appropriate.