

Case Number:	CM14-0173771		
Date Assigned:	10/27/2014	Date of Injury:	04/11/1989
Decision Date:	12/22/2014	UR Denial Date:	09/13/2014
Priority:	Standard	Application Received:	10/21/2014

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 Emergency 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:

Patient has reported date of injury on 4/11/1989. No mechanism of injury was provided. Patient has a diagnosis of displacement of lumbar intervertebral disc, neuralgia/radiculitis, chronic opioid use, chronic pain and reflex sympathetic dystrophy of upper limb. Patient had recent transforaminal epidural block done on 7/1/14. Medical reports reviewed. Last report available was 7/22/14. Patient complains of low back pain, L leg pain and itchiness. Pain is 4-5/10. Patient claims improvement in pain after injection. Review of system was positive for constipation and itching. Objective exam reveals raised rash to area of patch, Stiff gait with L sway; "Can rise to heels and toes easily", no swelling, full motor strength to all large muscle groups, and some weakness to L big toe. No imaging or electrodiagnostic reports were provided for review. Medications include Lidoderm patch, Nucynta, Valium, Zyrtec (brand name), Pepcid, Lyrica, Senna, Vitamin D, Excel cream, Thyroxin, Clonidine and Pilocar. Independent Medical Review is for Senokot 8.6mg #120, Nucynta 250mg #180, Lidoderm patch 5% #180 and Zyrtec 10mg #90. Prior UR on 9/12/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senekot 8.6 #120: Upheld

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 Opioids Page(s): 77.

Decision rationale: As per MTUS Chronic pain and ACOEM Guidelines, constipation treatment or prophylaxis only relates to patients undergoing opioid therapy. Patient has documented constipation and is on an opioid. However, as per my review continued opioids is not indicated (see Nucynta review) therefore Senokot is not medically necessary.

Nucynta 250mg 3180: Upheld

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 Opioids Page(s): 76-78.

Decision rationale: Nucynta is a Mu-agonist, an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. MTUS guidelines recommend short term use of opioids. Documentation does not meet the appropriate documentation. Patient has been on chronic opioids with no documented improvement in pain or function. Patient has significant side effects from therapy including itching and constipation. The number of tablets requested is excessive and does not meet MTUS guidelines for proper monitoring. Nucynta is not medically necessary.

Lidoderm patch 5% #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch) Page(s): 56-57.

Decision rationale: As per MTUS chronic pain guidelines, Lidoderm/Lidocaine patch is only approved for peripheral neuropathic pain, specifically post-herpetic neuralgia. There is poor evidence to support its use in other neuropathic pain. It may be considered after failure of 1st line treatment. There is no documentation of failure of 1st line treatment or effectiveness of this medication. Lidoderm patch is not medically necessary.

Zyrtec 10mg #90: 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 Swegle JM and Logemann C, Management of Common Opioid-Induced Adverse Effects; Am Fam Physician. 2006 Oct 15;74(8):1347-1354.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. Official Disability Guidelines is also silent on this issue. Zyrtec is an antihistamine used to manage histamine mediated itching. Patient has itching due to opioid use. However, as per my review continued opioids is not indicated (see Nucynta review) therefore Zyrtec is not medically necessary.