

Case Number:	CM14-0176352		
Date Assigned:	10/29/2014	Date of Injury:	02/06/2008
Decision Date:	12/05/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/24/2014

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 Interventional Spine 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:

The patient is a 48-year-old female with a date of injury of 02/06/2008. The listed diagnoses per [REDACTED] are: 1. L4-L5 pseudarthrosis. 2. L5-S1 disk degeneration. 3. Postoperative left SI radiculopathy. 4. Status post revision and posterior fusion. 5. Reflex sympathetic dystrophy, lower extremity. 6. Palpitations/tachycardia. According to progress report 08/28/2014, the patient presents with complaints of ongoing severe daily low back pain. She continues to have severe right lower extremity hypersensitivity, intermittent severe swelling of the lower extremity, which has caused her lower extremity to "give out on her causing her to fall despite the use of her front-wheeled walker." Examination of the lower spine revealed the patient walks with a significant antalgic gait favoring the left lower extremity. She utilizes a front-wheeled walker for ambulation. Examination of the knee revealed tenderness to palpation over the right medial and lateral joint line of the right knee and pain with varus stress test. The request is for Nucynta 75 mg #90, Nucynta ER 250 mg #60, Requip 0.25 mg #90, Savella 50 mg #60, Sumavel DosePro 6 mg/0.5 mL needle-free injector #9, neuro cream, and a seated walker. Utilization review denied the request on 09/17/2014. Treatment reports from 12/12/2013 through 08/28/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 75MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88-89.

Decision rationale: Review of the medical file indicates the patient has been prescribed this medication since 12/12/2013 by [REDACTED], the patient's pain management specialist. Report 12/12/2013 indicates that "pain medications are indeed helping her, based on her statements." Random urine drug screens are administered, which are consistent with the medications prescribed. Report 03/10/2014 states, "Nucynta and methadone are helping with her pain." Report 07/08/2014 noted average pain as 8-9/10, mood since last visit is noted as 10/10 and functional level since last visit was noted as 8/10. The physician does not explain whether mood and functional level is high or low and how they are improved with use of medication. Despite the use of Nucynta, pain average level is at 8-9/10, and it does not appear that this medication is doing much for "analgesia," despite the physician's general statement that it is. No specific ADL's, exercise activities, social activities, and work status issues are discussed in relation to medication use to show significant improvement. The physician continually notes in his progress reports that the 4As are addressed but such documentation is not provided. Other than UDS, no Cures, pain contract and other behavioral issues are addressed. Given the lack of sufficient documentation for opiate management, the request is not medically necessary.

Nucynta ER 250mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88-89.

Decision rationale: Review of the medical file indicates the patient has been prescribed this medication since 12/12/2013 by [REDACTED], the patient's pain management specialist. Report 12/12/2013 indicates that "pain medications are indeed helping her, based on her statements." Random urine drug screens are administered, which are consistent with the medications prescribed. Report 03/10/2014 states, "Nucynta and methadone are helping with her pain." Report 07/08/2014 noted average pain as 8-9/10, mood since last visit is noted as 10/10 and functional level since last visit was noted as 8/10. The physician does not explain whether mood and functional level is high or low and how they are improved with use of medication. Despite the use of Nucynta, pain average level is at 8-9/10, and it does not appear that this medication is doing much for "analgesia," despite the physician's general statement that it is. No specific ADL's, exercise activities, social activities, and work status issues are discussed in relation to medication use to show significant improvement. The physician continually notes in his progress reports that the 4As are addressed but such documentation is not provided. Other than UDS, no Cures, pain contract and other behavioral issues are addressed. Given the lack of sufficient documentation for opiate management, this request is considered not medically necessary.

Requip 0.25mg #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 Official Disability Guidelines (ODG) under its leg chapter has a discussion under restless leg syndrome

Decision rationale: This patient presents with chronic low back pain. The physician is requesting Requip 0.25 mg #90. Review of the medical file indicates the patient has been taking this medication since at least 03/10/2014. The ACOEM and MTUS Guidelines do not discuss Requip. The ODG Guidelines under its leg chapter has a discussion under "restless leg syndrome" which states that "dopamine antagonist: Requip (ropinirole), Mirapex (pramipexole). These drugs are not considered first-line treatment and should be reserved for patients who have been unresponsive to other treatment." In this case, there is no discussion of why this patient requires this medication. The patient has not been diagnosed with restless leg syndrome nor are there descriptions of such symptoms. The request is not medically necessary.

Savella 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13-15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Pain and Mental Illness/Stress chapters, Savella

Decision rationale: The MTUS guidelines pages 13-15 has the following under antidepressants, "Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. (Finnerup, 2005) (Saarto-Cochrane, 2005) It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. (Namaka, 2004) More information is needed regarding the role of SSRIs and pain." The ODG specifically states regarding Savella that is under study as a treatment for fibromyalgia, "As there is little to no evidence that the cause of fibromyalgia is related to industrial injuries, the use of Savella should be restricted to documented cases of fibromyalgia as part of an appropriate treatment plan." Under Mental Illness & Stress chapter, the ODG also states, "Note: In the US the FDA has approved milnacipran (Savella) for fibromyalgia, but not for depression." This patient does not present with a diagnosis of fibromyalgia for which Savella may be indicated. Savella not yet indicated for other conditions. The request is not medically necessary.

Sumavel DosePro 6mg/0.5ml needle free injector #9: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines medication for chronic pain Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Triptans, Head chapter

Decision rationale: This patient presents with chronic low back pain. The physician is requesting Sumavel DosePro 6 mg/0.5 mL needle-free injector #9. The physician is recommending a refill of this medication for patient's continued migraines. The ODG-TWC guidelines, Head chapter have the following regarding triptans for headaches: "Recommended for migraine sufferers. At marketed doses, all oral triptans (e.g., Sumatriptan, brand name Imitrex) are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients." As medical records document, this patient has migraines and has been taking this medication since 5/10/14. In this case, the physician does not provide any documentation regarding the efficacy of this medication as related to the patient's migraines. MTUS page 60 requires documentation of pain assessment and functional improvement when medications are used for chronic pain. The request is not medically necessary.

Nuero Cream per [REDACTED] abbreviated KAG, KCC: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical creams, Topical analgesics Page(s): 111.

Decision rationale: This patient presents with chronic low back pain. The physician is requesting Neuro Cream, per Drug Depot abbreviated KAG, KCC. Physician states that this medication "is helping well." NeuroCream contains capsaicin 0.075% and Camphor 5.65%. The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." The MTUS Guidelines allows capsaicin for chronic pain condition such as fibromyalgia, osteoarthritis, and nonspecific low back pain. However, MTUS Guidelines consider doses that are higher than 0.025% to be experimental particularly at high doses. Neurocream ointment contains 0.075% of capsaicin, which is not supported by MTUS. Therefore, the entire compound cream is not recommended. The request is not medically necessary.

Seated walker: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) walking aids under the Knee chapter

Decision rationale: This patient presents with chronic low back pain. Progress report 08/28/2014 notes that the patient has severe right lower extremity hypersensitivity with intermittent swelling and the patient "fell despite the use of her front-wheeled walker." The physician is recommending a seated walker. Utilization review denied the request stating that the orthopedic surgeon declared the patient P&S and did not recommend a seated walker at that time. MTUS guidelines do not discuss walkers. The ODG guidelines regarding walking aids under the Knee section state that walking aids for the ankle are recommended for patients with conditions causing impaired ambulation, when there is potential for ambulation with these devices. In this case, the patient has difficulty with ambulation and appears to be at risk for a fall. Use of a walker appears to be medically indicated. The request is considered medically necessary.