

Case Number:	CM14-0028924		
Date Assigned:	06/20/2014	Date of Injury:	01/24/2011
Decision Date:	08/07/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/06/2014

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 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 injured worker is a 39-year-old female who reported an injury on 01/24/2011 due to an unknown mechanism. The injured worker complained of right-sided leg pain rated at 6/10. The injured worker reported improved functional abilities. On physical examination dated 02/16/2014, the injured worker reported to the clinician that she is getting out of bed more and is less grouchy and the pain to the leg is getting better. The injured worker's diagnoses were lumbar pain and lumbar radiculopathy. The injured worker's medication was Lyrica, Ambien, trazodone, MS-Contin, nabumetone, Nucynta, and Venlafaxine. The injured worker's treatment and diagnostic was TENS unit with no report of effectiveness documented. The injured worker was admitted to a Functional Restoration Program dated 11/2013 and went through a 7-week program. According to the submitted documentation, the injured worker was making good progress with exercise and body mechanics. Magnetic Resonance Imaging (MRI) of the lumbar spine dated 08/09/2012 revealed L5-S1 left hemilaminectomy and partial paracentral discectomy; L5-S1 left paracentral scar tissue displaced the S1 nerve root which appears swollen. Stable L5-S1 moderate to severe left neural foraminal stenosis was noted and left L5-S1 disc protrusion was noted. The injured worker underwent electrodiagnostic and nerve study dated 09/11/2012; testing was consistent with left S1 radiculopathy. The treatment plan was for MS-Contin 15 mg, Ambien 10 mg, and Nucynta 50 mg. The request for authorization form was not submitted with the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 tablets of MS Contin 15 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid-on-going management Page(s): 78.

Decision rationale: The injured worker complained of all-over leg pain rated 6/10. The injured worker was taking MS-Contin, Ambien, and Nucynta; reported improved functional abilities. California Medical Treatment Utilization Schedule (MTUS) Guidelines state that criteria for use of ongoing management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines state that pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for the pain relief, and how long pain relief lasts. Guidelines also state that 4 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 potential aberrant drug-related behaviors. The documentation submitted for review indicates that MS-Contin is improving the functional ability of the injured worker. However, there is no quantified information regarding pain relief. There was also no assessment regarding current pain on a visual analog scale, average pain, intensity of pain, or longevity of pain relief. There was a lack of documentation regarding consistent urine drug screens. In addition, there is no mention of a lack of side effects. Given the above, the request for MS-Contin 15 mg is not supported by the California Medical Treatment Utilization Schedule Guideline recommendation. As such, the request is not medically necessary and appropriate.

30 tablets of Ambien 10 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Worker's Compensation, Pain chapter.

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

Decision rationale: The Official Disability Guidelines indicate Ambien is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually 2 weeks to 6 weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. While so-called minor tranquilizers and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming and they may impair function and memory more than opioid pain relievers. There was a lack of documentation objectively and subjectively to establish that the injured worker had sleep disturbances. As such, the request is not medically necessary and appropriate.

90 tablets of Nucynta 50 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Worker's Compensation, Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid ongoing management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines state that 4 domains have been proposed as the most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The guidelines also state that criteria for use of ongoing management of opioids include ongoing review and documentation of pain, functional status, appropriate use of medication, and side effects. The documentation submitted for review indicates that Nucynta is helping and has improved functional abilities. However, there was no assessment regarding current pain on a visual analog scale, average pain, intensity of pain, or longevity of pain relief. There was a lack of documentation regarding consistent urine drug screen. In addition, there were no mentions of a lack of side effects. Given the above, the request for ongoing use of Nucynta 50 mg is not supported by the California Medical Treatment Utilization Schedule Guideline recommendations. As such, the request is not medically necessary and appropriate.