

Case Number:	CM14-0030616		
Date Assigned:	06/20/2014	Date of Injury:	07/13/1995
Decision Date:	07/17/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/10/2014

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 Texas and Oklahoma. 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 75-year-old male who reported an injury on 07/13/1995. The mechanism of injury was not provided within the documentation. Prior treatment included various medications for pain. Efficacy of prior treatments was not noted within the documentation. The injured worker's diagnoses were noted to be cervical, thoracic, and lumbar disc disease, insomnia, and L5 radicular symptoms. The injured worker was seen for a clinical evaluation on 04/15/2014. The injured worker had complaints of pain and rated his pain as 9/10 to 10/10 within the past 24 hours. The injured worker also reported that his pain level has been consistent at 9/10 to 10/10 for the last 2 weeks. The physical examination indicated no gait deviations. The injured worker had full appreciation to light touch sensation in the upper end of the lower limbs. The treatment plan was for the Vicodin and ibuprofen. The provider's rationale for the requested medications and the request for authorization of medical treatment were not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50MG quantity 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines indicate the criteria for the use of opioids. The guidelines indicate ongoing management should include a review and documentation of pain relief, functional status, appropriate medication use, and side effects. The 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 should be included by the injured worker's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the injured worker's response to treatment. 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. These domains have been summarized as the "Four As": analgesic, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the injured worker's evaluation on 04/15/2014 indicated a level of pain at 9/10 to 10/10. It also indicated previous medications of Vicodin, Soma, and diazepam. Medications include on Tramadol, Ropinirole, Lidoderm, and Flector patches. The evaluation noted no adverse effects of aberrant dosing. It indicated no activity level benefits from present medications. The clinical evaluation treatment plan was to restart the injured worker on Vicodin and ibuprofen. However, the evaluation failed to provide an adequate pain assessment. The request for Nucynta is not indicated in the clinical evaluation. Furthermore, the provider's request failed to indicate a frequency of Nucynta 50 mg. Therefore, the request for Nucynta 50 mg quantity 120 is not medically necessary and appropriate.

Diazepam quantity 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines do not recommend benzodiazepines for long term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit benzodiazepine use to 4 weeks. The range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic events occurs within months and long term use may actually increase anxiety. A more appropriate treatment for an anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this case, the injured worker had a clinical evaluation on 04/15/2014 and it was noted within the documentation that the injured worker has been on diazepam. The clinical evaluation does not

indicate an anxiety disorder. It does not indicate any efficacy with the use of diazepam. The provider failed to provide a rationale for the request of diazepam. In addition, the request fails to indicate a dose of Diazepam and a frequency. Therefore, the request for Diazepam quantity 30 is not medically necessary and appropriate.