

Case Number:	CM14-0034414		
Date Assigned:	06/20/2014	Date of Injury:	06/16/2011
Decision Date:	09/16/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/19/2014

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 Pain Medicine 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 36-year-old male who reported an injury on 06/16/2011. The mechanism of injury was the injured worker had a bed frame fall on his head. The diagnoses include cervical spine mild discogenic disease at C5-6 and C6-7. Prior therapies included activity modification, medications, physical therapy, and epidural steroid injections. Prior studies included a CT scan and x-rays. The documentation indicated the injured worker was authorized for an L5-S1 anterior discectomy and fusion with posterior decompression, fusion, and instrumentation on 02/05/2014. Other surgical history included 2 knee surgeries. The documentation of 10/31/2013 revealed the injured worker had complaints of low back pain and right leg pain into the groin. There was chronic cervical pain radiating into the shoulders and causing headaches from the back of the head and causing left knee pain. The injured worker indicated he had ongoing leg and knee pain. The documentation indicated the injured worker was utilizing Nucynta IR 75 mg which made him tired. The injured worker as noted to undergo and MRI and CT of the lumbar spine. The current medications were noted to be Celebrex 1 twice a day, fentanyl 12 mcg per hour patches apply 1 patch TD every 72 hours, Lunesta 2 mg tablets 1 tablet at bedtime, Nucynta 75 mg tablets, Nuvigil 150 mg tablets, and Zolofl 100 mg tablets. The physical examination revealed the injured worker had complaints of ongoing severe back pain and leg pain and ongoing neck pain and headache pain. The injured worker had decreased sensation in the left greater than right leg. The injured worker had a positive bilateral straight leg raise. The diagnoses included chronic severe low back pain with radiculopathy bilaterally, compression fracture of S1 and pars fracture at L5, severe neural foraminal narrowing at L5-S1, and myofascial pain and spasm. Additional diagnoses included chronic neck pain and cervical spondylosis with headache and gastritis with COX-1 NSAID. The treatment plan included continuation of Celebrex 200 mg twice a day #60,

continue Nucynta IR to 75 mg 3 times a day #90 4 times a day as needed #120, Zoloft per psych, retriial Nuvigil 150 mg 1 by mouth every day #30, retriial Lunesta 2 mg 1 by mouth at bedtime #30 for insomnia, and trial fentanyl patches 12 mcg per hour for baseline pain. Additionally, there was documentation indicating a trial for methadone 5 mg per hour for baseline pain if fentanyl was not authorized. There was no Request for Authorization submitted for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl DIS 25mcg/hr #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain,ongoing management,opioid dosing Page(s): 60,78,86.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The duration of use could not be established through supplied documentation. The clinical documentation submitted for review failed to provide documentation of the above recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for fentanyl DIS 25 mcg/hour #10 is not medically necessary.

Celebrex capsules 200mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Depressants for Chronic Pain Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California MTUS Guidelines recommend NSAIDs for the short-term symptomatic relief of low back pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had utilized the medication. However, there was a lack of documentation indicating the duration of use. There was a lack of documentation of objective functional improvement and an objective decrease in pain. The duration of use could not be established through supplied documentation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Celebrex capsules 200 mg #60 is not medically necessary.

Lunesta tablet 2mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Benzodiazepine Sedative-Hypnotics.

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

Decision rationale: The Official Disability Guidelines recommend Lunesta for the short-term treatment of insomnia for up to 6 weeks. The clinical documentation submitted for review indicated the injured worker would be trialing the medication. There was a lack of documentation indicating the injured worker insomnia. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Lunesta tablets 2 mg is not medically necessary.

Rabeprazole tablet 20mg #30:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had dyspepsia per diagnosis. The duration of use could not be established through supplied documentation. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documented efficacy. Given the above, the request for rabeprazole tablets 20 mg #30 is not medically necessary.

Nucynta tablet 75mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going opioid treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain;Medications for Chronic pain;opioid dosing Page(s): 60,78,86.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The duration of use could not be established through supplied documentation. The clinical documentation submitted for review failed to provide documentation of the above recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Nucynta tablet 75 mg #120.

