

Case Number:	CM14-0044520		
Date Assigned:	07/02/2014	Date of Injury:	08/23/2000
Decision Date:	11/07/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/11/2014

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 60 year-old female with the date of injury of 06/23/2000. The patient presents with pain in her lower back and hip. The patient is in a wheelchair. There is tenderness over multiple points over her lumbar region. The patient has a difficult time with daily activities due to constant pain and poor condition. The patient is currently taking Nucynta, Edluar and Tizanidine. According to [REDACTED] report on 09/06/2013, diagnostic impressions are: 1) Super morbid obesity (BMI=57.3) 2) Bilateral hip degenerative joint disease 3) Lumbar discogenic pain 4) Report of enlarged liver The utilization review determination being challenged is dated on 10/01/2013. [REDACTED] is the requesting provider, and he provided treatment 3 reports from 07/09/2013 to 04/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 100 mg # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria for Use Of Opioids Page(s): 60-61, 76-78, 88-89.

Decision rationale: The patient presents constant pain in her lower back and hip. The request is for Nucynta 100mg #90. MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. There are no reports that specifically discuss this request. There is no indication of exactly when the patient began taking Nucynta or how Nucynta has been helpful in terms of decreased pain or functional improvement. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request is not medically necessary.

Edluar 10 mg # 30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain(chronic) chapter; Edlular (Zolpidem tartrate)

Decision rationale: The patient presents with constant pain in her lower back and legs. The request is for Edluar 10mg #30. MTUS guidelines do not mention Edluar. ODG guidelines allow Edluar (Zolpidem tartrate) as a short-term (usually 2-6 weeks) treatment for insomnia. In this case, the treating physician's reports do not mention the patient's sleep condition. There is no indication of exactly when the patient began taking Edluar or how Edluar has been helpful in terms of decreased pain or functional improvement. MTUS page 8 requires documentation of efficacy for treatments to continue. Given the lack of sufficient documentation demonstrating efficacy for chronic sleeping medication use, the request is not medically necessary.

Tizanidine 4 mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Medications for chronic pain Page(s): 63-64, 60-61.

Decision rationale: The patient presents with constant pain in her lower back and legs. The request is for Tizanidine 4mg # 60. MTUS guidelines page 64-66 recommend muscle relaxants as a short course of therapy. Page 66 specifically discusses Tizanidine and supports it for low back pain, myofascial and fibromyalgia pains. All reports provided by the treating physician indicate that the patient has been using 10mg sublingual p.r.n. q.h.s but no documentation regarding Tizanidine. There is no indication of exactly when the patient began taking Tizanidine or how Tizanidine has been helpful in terms of decreased pain or functional improvement.

MTUS page 60 requires recording of pain and function and medications are used for chronic pain. The request is not medically necessary.