

Case Number:	CM14-0063143		
Date Assigned:	08/06/2014	Date of Injury:	06/13/2002
Decision Date:	10/16/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/06/2014

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, has a subspecialty in Pain Medicine 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 records, presented for review, indicate that this 54-year-old female was reportedly injured on June 13, 2002. The most recent progress note, dated April 21 2014, indicated that there were ongoing complaints of neck and bilateral upper extremity pains. The physical examination demonstrated a 5'3", 88 pound individual who was normotensive (130/90). No other physical examination findings were reported. Diagnostic imaging studies were not presented in the progress notes. Previous treatment included epidural steroid injection therapy, cervical fusion surgery, physical therapy, postoperative rehabilitation and multiple medications. A request had been made for multiple medications and was not certified in the pre-authorization process on April 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 150mg, qty: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

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, updated October, 2014

Decision rationale: MTUS/ACOEM practice guidelines do not address this request. ODG supports Nucynta as 2nd line therapy for patients with moderate to severe pain who have developed intolerable adverse effects with first-line opiates. Review of the available medical records fails to document any intolerable adverse reactions or effects to warrant the use of this medication. Given the lack of documentation, there is insufficient clinical information presented to suggest that this request for Nucynta meets the criteria and therefore it is not considered medically necessary.

Nucynta 75mg qty: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

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, updated October 2014

Decision rationale: MTUS/ACOEM practice guidelines do not address this request. ODG supports Nucynta as 2nd line therapy for patients with moderate to severe pain who have developed intolerable adverse effects with first-line opiates. Review of the available medical records fails to document any intolerable adverse reactions or effects to warrant the use of this medication. Given the lack of documentation, there is insufficient clinical information presented to suggest that this request for Nucynta meets the criteria and therefore is not considered medically necessary. A comprehensive clinical assessment of the clinical indications would be necessary prior to any alternative determination.

Lyrica 50mg, qty: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Progabalin Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19, 99 of 127.

Decision rationale: This medication has been approved for use to address diabetic neuropathy or post-herpetic neuralgia. An off label use is noted for neuropathic pain lesion. However, the current clinical assessment, completed, does not outline any clinical findings to suggest a neuropathic pain lesion. Therefore, based on this rather incomplete clinical assessment, there is insufficient data to support the continued use of this medication.

Prilosec 20mg, qty: 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 - Treatment for Workers' Compensation, online edition, Pain (chronic), Proton Pump Inhibitors

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 of 127.

Decision rationale: This medication is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease. This is also considered a gastric protectorant. However, when noting the date of injury, and the multiple progress notes presented for review, there are no complaints of any gastrointestinal distress. Therefore, there is no clinical indication for the continued use of this medication. This request is not medically necessary per MTUS.

Colace 100mg, qty: 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77 of 127.

Decision rationale: While noting that this medication is indicated for a possible side effect of chronic opioid medication use, there are no complaints of constipation and there are no physical examination findings to suggest that there is a clinical indication for need for this medication. Therefore, based on the incomplete progress notes presented for review, there is insufficient data presented to support this request. This request is not medically necessary per MTUS.

Remeron 15mg, qty: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13 of 127.

Decision rationale: This medication is a tetracyclic antidepressant used to treat a major depressive disorder. The injured worker does not carry this diagnosis. There is no indication of a major depression. As such, there is no clinical indication presented to support the continued use of this medication. This request is not medically necessary per MTUS.