

Case Number:	CM14-0067008		
Date Assigned:	08/06/2014	Date of Injury:	05/06/2002
Decision Date:	09/10/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/12/2014

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 Pain Management 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 62 year old female with a reported history of industrial injury on May 06, 2001. The mechanism of injury has not been specified. The listed diagnoses are cervicalgia with radiculopathy, status post a C5-6 fusion, cervical spondylosis with cervicogenic headaches, myofascial pain syndrome, right shoulder pain, status post left shoulder arthroscopy, low back pain with leg pain and reactive depression. The reported treatment consists of chronic opiate medication management as well as interventional pain management procedures. As of April 28, 2014, the injured worker's medication regimen consisted of Nucynta extended release 50 mg twice a day, Celebrex 200 mg twice a day, Gralise 600 mg 1-2 by mouth at bedtime, alprazolam 0.5 mg twice a day, Norco 10/325 mg twice a day as needed, Wellbutrin 150 mg once a day and compounded topical analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 1mg (DOS 01/23/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Benzodiazepines.

Decision rationale: According to the California Chronic Pain Medical Treatment Utilization Schedule as well as the Official Disability Guidelines, benzodiazepines are not recommended for long-term use because their efficacy is unproven and there is risk of psychological and physical dependence or addiction. Most guidelines limit its use to 4 weeks. Initial use requires indications for use, as well as specific necessity for chronic use. Based on the submitted clinical notes, the injured worker has been diagnosed with reactive depression but documentation of anxiety is not present nor is documentation of mental health evaluation is not provided to support ongoing use. Therefore, the requested alprazolam 1mg (DOS 01/23/14) was not medically necessary.

Nucynta ER 50 mg (DOS 01/23/14): Overturned

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

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), Tapentadol (Nucynta) Official Disability Guidelines (ODG) Pain (Chronic), Opioids, criteria for use.

Decision rationale: The California Chronic Pain Medical Treatment Utilization Schedule is silent in regard to this request. However, the Official Disability guidelines state that the use of Nucynta is recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids. The previous denial was issued pending documentation of compliance with chronic opioid guidelines as recommended by the California Chronic Pain Medical Treatment Utilization Schedule. The submitted clinical notes document compliance with monitoring for ongoing use of chronic opioid therapy as recommended by the California Chronic Pain Medical Treatment Utilization Schedule and the Official Disability Guidelines (prescriptions by a single provider, using the lowest possible dose, drug screening, documentation of medication misuse/diversion, and documentation of functional improvement). Therefore, given the documented need for around the clock analgesia, documented intolerance to Oxycontin, and dermal allergy to Butrans patch, the requested Nucynta Extended Release 50 mg (DOS 01/23/14) was medical necessary.

Celebrex 200 mg (DOS 9/5/13 and 10/2/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (NSAIDs) non-steroidal anti-inflammatory drug.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, GI symptoms & cardiovascular risk; NSAIDs, specific drug list & adverse effects Page(s): 67-73.

Decision rationale: According to the California Chronic Pain Medical Treatment Utilization Schedule as well as the Official Disability Guidelines, the use of Celebrex may be indicated with

documented failure of first line therapy such as acetaminophen, non-selective anti-inflammatory medications, or high risk patients. There is an absence of documentation of failure of first line therapy or contraindications for use of non-selective anti-inflammatory medications in this case. Therefore, the requested Celebrex 200 mg (DOS 9/5/13 and 10/2/13) was not medical necessary.

Gralise 600 mg (DOS 10/02/13): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (AEDs) Anti-Epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18-19. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Gabapentin (Neurontin®).

Decision rationale: According to the California Chronic Pain Medical Treatment Utilization Schedule as well as the Official Disability Guidelines, Gabapentin is recommended for the treatment of neuropathic pain. Based on the submitted clinical notes, the injured worker is being treated for chronic pain with a neuropathic component. Therefore, the requested Gralise 600 mg (date of service 10/02/13) was medical necessary. The previous review was based on lack of documentation of benefit from this medication. However, according to the progress report dated October 02, 2013, the injured worker reported previous use of Gralise with improvement of symptoms but continued use was not approved by the insurance carrier. The progress reports from 10/02/2013-03/12/14 document benefit and improved function as a result of the prescribed medications. Medical necessity for ongoing use has been established.