

Case Number:	CM13-0052385		
Date Assigned:	12/27/2013	Date of Injury:	03/25/2001
Decision Date:	01/02/2015	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/29/2013

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 & 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:

This patient is a 52 year old female with an injury date of 3/25/01. Work status as of 10/02/13: Patient "has been looking for employment but has not been successful in finding any work." Based on the 10/02/13 progress report by the treater, this patient "continues with severe neck and back pain and muscle spasms in her lower back and ongoing fatigue and depression." Patient reports "at least 50% functional improvement with taking the medications versus not taking them at all." Neck and back exam reveals "diffuse tenderness to trigger points with positive 'jump sign' over the cervical, thoracic and lumbar paraspinal and shoulder girdle areas" and "relates a VAS pain score about 8/10." Range of motion is full in the right shoulder. There is a "positive impingement sign." Impressions are: (1) History of cervical, thoracic, and lumbar sprain/strain with rather global myofascial pain disorder with possible underlying fibromyalgia with associated depression and fatigue, (2) History of bilateral shoulder girdle sprain/strain injuries,(3) Previous imaging studies of the cervical and lumbar spine revealing spondylitic changes, no acute findings. Current medications include: Nucynta, Celebrex, Cymbalta, and Nexium and patient is "under narcotic contract" with the office" and "urine drug screens have been appropriate." The utilization review being challenged is dated 10/21/13. The request is for Nucynta 100mg # 120, Celebrex 200mg # 60, and Nexium 40 mg #30. The request for authorization was received on 10/09/13. The request for Nucynta was denied because of the lack of documentation the "claimant has failed other opiates to qualify for this medication, which is a second line opiate." Celebrex was denied as "200 bid is not FDA approved, the dose is 100 bid or 200 qd." Nexium was denied as there was "no indication the claimant has GERD and Nexium is not a first line medication for GI risk associated with NSAID use." The requesting provider is ██████ and he has provided reports from 4/18/11 to 10/31/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

NUCYNTA 50MG #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88-89, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, Tapentadol (Nucynta®)

Decision rationale: This patient presents with ongoing severe neck and back pain and muscle spasms in her lower back, with ongoing fatigue and depression. Patient is not a candidate for surgical intervention. The treater requests refill of Nucynta 50mg # 120 per report dated 10/02/13. ODG guidelines recommend the use of "Tapentadol (Nucynta) as second line therapy for patients who develop intolerable adverse effects with first line opioids." It also has "the same pain-relieving benefits of OxyIR, as well as the same risk that with any opioid, but shows a significant improvement in gastrointestinal tolerability compared to oxycodone, so if patients on OxyIR complain of constipation, nausea, and/or vomiting, Nucynta might be recommended as second-line choice." Also, regarding use of opioids, MTUS guidelines, pages 88-89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four As (analgesia, ADLs, adverse side effects, and adverse behavior). Per the 10/02/13 report, this patient "relates a VAS pain score about 8/10." While she reports "at least 50% functional improvement with taking the medications versus not taking them at all," there is a lack of specific documentation of functional progress made or ADLs achieved. Also, documentation of current pain level is provided but there is an absence of "pain assessment" or outcome measures that include: least pain, intensity of pain after taking the opioid, time it takes for the medication to work and the duration of pain relief, as required by MTUS guidelines. While the treater notes this patient is "under narcotic contract" with the office" and "urine drug screens have been appropriate," a review of submitted and subsequent reports do not document the use of UDS, either requested or conducted. Review of reports also indicate this patient was prescribed and using Nucynta since 6/14/11 with no discussion to "wean-to-taper" off opioid use. To avoid adverse effects from an abrupt discontinuation, modification in quantity seems reasonable to initiate a weaning schedule; however, the requested Nucynta 50mg #120 is not medically necessary.

CELEBREX 200MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories, Medication for chronic pain Page(s): 22, 60.

Decision rationale: This patient presents with ongoing severe neck and back pain and muscle spasms in her lower back, with ongoing fatigue and depression. The treater requests refill of Celebrex 200mg #60. Per the 10/02/13 report, patient has been using "Celebrex twice daily for inflammation and pain." According to MTUS guidelines pg. 22, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications. COX-2 NSAIDs have "fewer GI side effects at the risk of increased cardiovascular effects" and "there is no evidence of long-term effectiveness for pain or function." MTUS pg. 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Current medications have included Celebrex 200mg BID since 06/14/11 according to submitted reports, with no documentation of cardiovascular risk assessment or record of pain and function. Furthermore, there is an absence of documentation to support the long-term use of Celebrex for this patient at 200 mg twice daily, when MTUS guidelines recommend 200 mg a day (single dose or 100 mg twice a day). Given the lack documentation of efficacy, functional benefit, or pain reduction from use of Celebrex in any of the submitted reports, the request is not medically necessary.

NEXIUM 40MG #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: This patient presents with ongoing severe neck and back pain and muscle spasms in her lower back, with ongoing fatigue and depression. The treater requests refill of NEXIUM 40 MG #30. Per the 10/02/13 report, patient has been using "Nexium for dyspepsia." Regarding PPI's, MTUS page 69, supports prophylactic use with NSAIDs for age >65, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and or/an anticoagulants; or high dose/multiple NSAID. Also, regarding the treatment of dyspepsia secondary to NSAID therapy, MTUS guidelines recommend stopping the NSAID, switching to a different NSAID, or consider use of an H2-receptor antagonists or a PPI. The 7/13/11 report documents Dexilant being prescribed for dyspepsia, but patient "had stopped the raniditine use as she did not think she required it," however, treated discontinued use of Dexilant and instead, prescribed Prevacid for dyspepsia. Diagnoses/Impressions of the 8/10/11 progress report document "dyspepsia from anti-inflammatory use, stable with Prevacid use." Per the 4/04/13 report, patient is "using samples of Nexium for 'dyspepsia symptoms from medications.'" Given this patient's diagnosis and history of dyspepsia secondary to use of anti-inflammatories with continued use of high-doses of Celebrex, use of PPIs seems reasonable. The request is medically necessary.