MAXIMUS Federal Services

Case Number:	CM14-0200874		
Date Assigned:	12/11/2014	Date of Injury:	07/23/2011
Decision Date:	01/28/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/01/2014

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 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 injured worker is a 54 year-old female with an original date of injury on July 23, 2011. The mechanism of injury is unknown. An MRI of lumbar spine dated on 5/1//2013 showed disc desiccation at T12-L1 and L5-S1, straightening of lumbar lordotic curvature, L4-L5 disc herniation measuring 4 mm posteriorly which causes stenosis of bilateral neural foramina and spinal canal, L4-L5 mild disc herniation measuring 2.7 mm posteriorly. The disputed issues are the request for Nucynta 75 mg, oxymorphone extended release 15 mg, and alprazolam 1 mg. A utilization review on November 5, 2014 has non-certified these requests. Regarding the request for Nucynta 75 mg, there is no discussion regarding diagnostic tests, no indication of other first-line agents were used to treat the pain, no discussion of opioid contract or use of random urine drug screens to monitor aberrant behaviors, and no indication of functional improvement with this medication. The utilization review stated due to the nature of this medication, weaning is recommended. With regards to oxymorphone extended release, again there was no documentation of opioid contract or random urine drug screens, no indication of functional improvement with this medication. Therefore, it is recommended oxymorphone to be weaned. With regards to alprazolam, there is no indication why this patient was prescribed this medication. In addition, the guidelines do not recommend long-term use of benzodiazepines. Therefore, this medication was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 75mg: 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 Page(s): 75-80.

Decision rationale: A progress note dated on June 17, 2014, patient's pain is constant and an 8/10 despite taking Nucynta and oxymorphone. Within the documentation is provided, there is no discussion of side defects, aberrant behaviors, and symptomatic of functional improvement with taking Nucynta. In addition there is no urine drug screen or CUREs report to monitor aberrant behaviors. In the absence of such documentation, the request for Nucynta if not medically necessary. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested tapentadol (Nucynta) is not medically necessary.

Oxymorphone ER 15mg: 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 Page(s): 75-80.

Decision rationale: A progress note dated on June 17, 2014, patient's pain is constant and an 8/10 despite taking Nucynta and oxymorphone. Within the documentation is provided, there is no discussion of side defects, aberrant behaviors, and symptomatic of functional improvement with taking oxymorphone. In addition there is no urine drug screen or CUREs report to monitor aberrant behaviors. In the absence of such documentation, the request for oxymorphone if not medically necessary. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering.

Alprazolam 1.0mg: 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 Page(s): 24.

Decision rationale: Regarding the request for Xanax (alprazolam), Chronic Pain Medical Treatment Guidelines state the benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." Within the documentation provided, alprazolam has been prescribed since May

2014. However there is no documentation of psychiatric diagnosis for the indication of this medication. In addition, the guidelines recommend short-term use of benzodiazepines, and the patient has been using this medication for at least 6 months. Therefore, continuing this medication is not medically necessary.Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering.