

Case Number:	CM14-0203021		
Date Assigned:	12/15/2014	Date of Injury:	03/27/2004
Decision Date:	02/10/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/04/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 57 year old female who was injured on 3/27/2004 .The diagnoses are status post cervical fusion, cervical radiculopathy, lumbar radiculopathy, neck and low back pain.The patient completed PT, acupuncture treatments and home exercise program.On 12/9/2014, [REDACTED] noted subjective complaint of severe back pain associated with burning and cramping sensations. The patient also complained of numbness, muscle spasm and cramps. The pain score was rated at 10/10 without medications but 8/10 with medications on a 0 to 10 scale. The was objective findings of tenderness to the paraspinal lumbar areas.The medications listed are Nucynta, Ambien, cyclobenzaprine, Lidoderm, Effexor, Celebrex, Flector patch and lorazepam. The 10/21/2014 UDS report was consistentA Utilization Review determination was rendered on 11/19/2014 recommending non certification for Nucynta 75mg #60, Ambien 5mg 30 and cyclobenzaprine HCL10mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 75mg #60: Overturned

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 Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids is associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedatives. The use of Nucynta is associated with the development of less sedative and addictive effects than pure opioid agonists. The records indicate that the patient is compliant with the medications utilization. There is no aberrant medication behavior or adverse effects. The UDS reports are consistent. There is documentation of pain relief with functional restoration. The criteria for the use of Nucynta 75mg #60 are met. The request is medically necessary.

Ambien 5mg #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

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

Decision rationale: The CA MTUS and the ODG guidelines recommend that sedatives and sleep medications can be utilized for short term treatment of insomnia when non medication treatment measures have failed. The long term use of hypnotics is associated with the development of tolerance, dependency, addiction and adverse interaction with opioids and other sedatives. The records indicate that the patient had utilized Ambien longer than the guidelines recommended maximum period of 4 weeks. There is no documentation of investigations of causes of reversible causes of the insomnia or failure of non medication management. The criteria for the use of Ambien 5mg #30 are not met. The request is not medically necessary.

Cyclobenzaprine HCL 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of muscle relaxants is associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with opioids. The records indicate that the patient had utilized cyclobenzaprine longer than the guidelines recommended maximum period of 4 weeks. The patient is also utilizing

multiple sedatives concurrently. The criteria for the continual use of cyclobenzaprine HCL 10mg #60 are not met. The request is not medically necessary.