

Case Number:	CM15-0004261		
Date Assigned:	01/16/2015	Date of Injury:	02/09/1999
Decision Date:	03/26/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Pennsylvania
 Certification(s)/Specialty: Internal Medicine

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 67 year old female, who sustained an industrial injury on 02/09/1999. She has reported subsequent neck and back pain and was diagnosed with lumbar degenerative disc disease, facet mediated pain, sacroiliac joint dysfunction, thoracic myofascial pain, neck fusion with discectomy with ongoing neck pain and cervicogenic headaches, carpal tunnel syndrome and neuropathy. Treatment to date has included oral pain medication, physical therapy, trigger point injections, radiofrequency ablation for facet-mediated pain, neck fusion, and a lumbar fusion. The majority of the documentation in the record is from years prior to the current authorization request. This includes orthopedic reports from 10/10/12 and 10/15/11. Ambien and Nucynta were noted to be prescribed in 2011, and a prior utilization review determination notes that Lyrica and Nucynta were prescribed in March 2014. There is a physician note on 12/29/2014 that is after the date of the request. At that time the injured worker was noted to have reported ongoing back pain and neck pain as well as muscle spasms. The pain was rated as 4/10 at best and 10/10 without medication. She reported 50% reduction in pain and 50% functional improvement with activities of daily living with the medications. Neck range was very limited in all planes and palpation revealed rigidity across the cervical paraspinal muscles, trapezius muscles and lumbar trunk. Strength, sensation, and reflexes were intact in the lower extremities. Prescriptions for Nucynta, Norco, Ambien, Lyrica and Celebrex refills were requested. The physician documented that the injured worker had a narcotic contract and that urine drug screens have been appropriate. On 12/10/2014, Utilization Review partially certified requests for Lyrica, Nucynta, Norco and Ambien to allow for weaning, and non-certified the

request for Celebrex stating that there was no evidence of functional improvement. MTUS and ACOEM guidelines were cited.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): p. 74-96.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There should be a prior failure of non-opioid therapy. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies", and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. The prescribing physician does not address specific function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. Nucynta has been prescribed since at least 2011. A narcotic contract was mentioned in a progress note but further details were not provided. Although the documentation notes a 50% improvement in function as a result of medications, specific functional improvement such as increases in specific activities of daily living or decrease in work restrictions were not discussed, and improvement was not attributed to any one medication as the injured worker was prescribed multiple medications for pain. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain; change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. Urine drug screens were noted to be appropriate, but the specific dates and results of testing were not provided. As currently prescribed, nucynta does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Lyrica 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anticonvulsants Page(s): p. 16-22.

Decision rationale: Per the MTUS, antiepilepsy drugs (AEDs) are recommended for neuropathic pain due to nerve damage. Lyrica (pregabalin) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, and is FDA approved for these indications as well as for fibromyalgia. Side effects include edema, central nervous system depression, weight gain, blurred vision, somnolence, and dizziness. Lyrica has been prescribed for at least 8 months, without documentation of functional improvement as a result of its use. The injured worker does not have diagnoses of diabetic neuropathy, postherpetic neuralgia, or fibromyalgia. Due to lack of functional improvement as a result of prescription of Lyrica, and lack of an FDA approved indication for this injured worker, the request for Lyrica is not medically necessary.

Norco 10/325MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): p. 74-96.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There should be a prior failure of non-opioid therapy. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies", and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. The prescribing physician does not address specific function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. Opioids have been prescribed since at least 2011. A narcotic contract was mentioned in a progress note but further details were not provided. Although the documentation notes a 50% improvement in function as a result of medications, specific functional improvement such as increases in specific activities of daily living or decrease in work restrictions were not discussed, and improvement was not attributed to any one medication as the injured worker was prescribed multiple medications for pain. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics". Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain; change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. Urine drug screens were noted to be appropriate, but the specific dates and results of testing were not provided. As currently

prescribed, norco does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Ambien 10MG #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 (ODG), 11th edition (web), 2013, Pain/Insomnia treatment for Ambien

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation chronic pain chapter: insomnia treatment

Decision rationale: The MTUS does not address the use of hypnotics other than benzodiazepines. No physician reports describe the specific criteria for a sleep disorder. Treatment of a sleep disorder, including prescribing hypnotics, should not be initiated without a careful diagnosis. There is no evidence of that in this case. For the treatment of insomnia, pharmacologic agents should only be used after careful evaluation of potential causes of sleep disturbance. Specific components of insomnia should be addressed. There was no documentation of evaluation of sleep disturbance in the injured worker, and components insomnia were not addressed. The treating physician has not addressed major issues affecting sleep in this patient, including the use of other psychoactive agents like opioids, which significantly impair sleep architecture, and depression. Ambien (Zolpidem) is a prescription short-acting nonbenzodiazepine hypnotic which is recommended for short-term (7-10 days) treatment of insomnia; it is not recommended for long-term use. It may be habit-forming and may impair function and memory, and there is a concern that it may increase pain and depression over the long term. It is recommended for short term use only. The documentation indicates that ambien has been prescribed since at least 2011, with current request also exceeding the guidelines for short term use. Due to long term use which is not in accordance with the guidelines, and lack of documentation of evaluation of sleep disturbance, the request for ambien is not medically necessary.

Celebrex 20MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): p. 67-73.

Decision rationale: Per the MTUS, nonsteroidal anti-inflammatory drugs (NSAIDs) are recommended as a second line treatment after acetaminophen for treatment of acute exacerbations of chronic back pain. NSAIDs are noted to have adverse effects including gastrointestinal side effects and increased cardiovascular risk; besides these well-documented side effects of NSAIDs, NSAIDs have been shown to possibly delay and hamper healing in all the soft tissues including muscles, ligaments, tendons, and cartilage. NSAIDs can increase blood pressure and may cause fluid retention, edema, and congestive heart failure; all NSAIDS are

relatively contraindicated in patients with renal insufficiency, congestive heart failure, or volume excess. They are recommended at the lowest dose for the shortest possible period in patients with moderate to severe pain. The MTUS does not recommend chronic NSAIDs for low back pain; NSAIDs should be used for the short term only. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. The number requested is not consistent with short term use, and there is no documentation of an acute flare of back pain. Due to the guideline recommendation against chronic use of NSAIDs for low back pain and the potential for toxicity, the request for celebrex is not medically necessary.