MAXIMUS Federal Services

Case Number:	CM15-0007338		
Date Assigned:	01/22/2015	Date of Injury:	09/30/2002
Decision Date:	03/20/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/13/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51 year old female, who sustained a work related injury on 9/30/02 and 10/18/02. The diagnoses have included lumbar multi-level disc bulges, depression, bilateral carpal tunnel syndrome, lateral collateral ligament of knee. The treatments to date have included oral pain medication of Nucynta, rest, modified activity, lumbar epidural steroid injection and heat. The injured worker complains of bilateral shoulder pain, constant pain in her wrists that moves into hands, lower back pain and bilateral knee pain. She complains of numbness and tingling in fingers. She rates all pain complaints an 8-9/10. She has an abnormal gait and uses cane.On 1/5/15, Utilization Review modified a prescription request for Nucynta 50mg. #180 to Nucynta 50mg. #90. The California MTUS, Chronic Pain Treatment Guidelines, were cited. On 1/5/15, Utilization Review non-certified a prescription request for Duexis 800mg. #90. Non-MTUS, ACOEM Guidelines, was cited. On 1/5/15, Utilization Review non-certified a request for paraffin wax unit. Non- MTUS, non- ACOEM Guidelines and non - ODG were cited. On 1/5/15, Utilization Review non-certified a request for an exercise bike. Non- MTUS, non- ACOEM Guidelines and non - ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opoids, page(s) page 74-96.

Decision rationale: NUCYNTA (tapentadol) Tablets has the chemical name 3-[(1R,2R)-3-(dimethylamino)-l-ethyl-2-methylpropyl]phenol monohydrochloride. Tapentadol is a mu-opioid agonist and is a Schedule II controlled substance. NUCYNTA (tapentadol) is indicated for the relief of moderate to severe acute pain. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Nucynta 50mg #90 is not medically necessary and appropriate.

Duexis 800mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter Duexis

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page 22; Section on NSAIDs, GI Symptoms and Card.

Decision rationale: The medication, Duexis, contains both Ibuprofen (NSAID) and Famotidine (histamine H2 antagonist) combination. 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. Monitoring of the NSAID's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue this NSAID for this chronic injury nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAID's is a second line medication after use of acetaminophen especially in light of side effects of blood pressure issues and decreased efficacy as noted by the provider and patient. Famotidine is a medication is for treatment of the gastric and duodenal ulcers, erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for this medication namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Duexis 800mg #90 is not medically necessary and appropriate.

Parafin Wax Unit: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Forearm, Wrist, & Hand, Paraffin Wax Baths, page 172

Decision rationale: The patient continues to treat for persistent chronic pain with clinical findings related to median nerve disorder without diagnoses for arthritis. ODG states the paraffin wax bath is recommended as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care (exercise). According to a Cochrane review, paraffin wax baths combined with exercises can be recommended for beneficial short-term effects for arthritic hands. These conclusions are limited by methodological considerations such as the poor quality of trials. Submitted reports have not adequately demonstrated support or medical indication for this paraffin unit. The Parafin Wax Unit is not medically necessary and appropriate.

Exercise Bike: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Exercise Equipment, page 303

Decision rationale: Per ODG guidelines, a Durable Medical Equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME); however, Medicare does not cover most of these items or exercise equipment for the fully mobile and independent adult as in this case. Submitted reports have not adequately demonstrated the medical indication for the purchase of a stationary bike for a patient with independent ambulatory mobility without progressive neurological deficits, previously instructed home exercise program, without any specifically defined limitations in ADLs to support this DME. The Exercise Bike is not medically necessary and appropriate.