

Case Number:	CM15-0007339		
Date Assigned:	01/22/2015	Date of Injury:	08/31/1998
Decision Date:	03/23/2015	UR Denial Date:	12/31/2014
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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 53-year-old male who reported an injury on 08/31/1998. The mechanism of injury was not submitted for review. The injured worker had diagnoses unspecified derangement of medial meniscus; cervico cranial syndrome; cervical spondylosis with myelopathy; brachial neuritis/radiculitis, not otherwise specified; and cervicalgia. Past medical treatment consists of surgery, therapy, and medication therapy. Medications include fentanyl citrate, Ambien, Celebrex, Cymbalta, fentanyl patches, Linzess, Lyrica, and Nucynta. The injured worker denied any side effects. It was indicated in the progress note that the injured worker underwent a urine drug screen on 02/14/2013 showing the injured worker was consistent with prescription medications. The urine drug screen was not submitted for review. On 12/18/2014, the injured worker was seen for a follow-up appointment where he complained of worsening neck, right shoulder, and knee pain. The injured worker rated the pain average a 7/10, with medication 5/10. Physical examination noted that there was severe right knee pain and use of a cane with ambulation. It was also noted that there was decreased right knee range of motion. Medical treatment plan is for the injured worker to continue with medication therapy. Rationale was not submitted for review. Request for Authorization form was submitted on 12/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Patch 25ugm #15: 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 Duragesic (fentanyl), ongoing management, opioid dosing Page(s): 44, 78, 86.

Decision rationale: The request for Fentanyl patch is not medically necessary. The California MTUS Guidelines indicate that the fentanyl is not recommended as a first line therapy. The FDA approved product labeling states that fentanyl is indicated in the management of chronic pain in injured workers who require continuous opioid analgesia for pain that cannot be managed by other means. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The submitted documentation did not indicate the efficacy of the medication, nor did it indicate that the medication was helping with any functional deficits. Additionally, there was no evidence of objective improvement or objective decrease in pain with the use of the medication. It was noted that the injured worker underwent a UA showing that he was compliant with prescriptions however the UA was not submitted for review. Given the above, the injured worker is not within MTUS recommended guideline criteria. As such, the request is not medically necessary.

Nucynta 75mg #120: 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 Opioids, Criteria for Use Page(s): 78.

Decision rationale: The request for Nucynta 75 mg #120 is not medically necessary. The California MTUS Guidelines recommend providing ongoing education on both benefits and limitations of opioid treatment. The guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker was being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The submitted documentation did not indicate the efficacy of the medication, nor did it indicate that it was helping with any functional deficits the injured worker had. Additionally, there were no assessments submitted for review indicating what pain levels were before, during, and after medication administration. Furthermore, it was noted that the injured worker underwent a urine drug screen; however, the drug screen was not submitted for review. Given the above, the injured worker not within California MTUS Guidelines recommended guideline criteria. As such, the request is not medically necessary.

Ambien 10mg #30: 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 Official Disability Guidelines (ODG) Pain Chapter, Ambien.

Decision rationale: The request for Ambien 10 mg #30 is not medically necessary. The Official Disability Guidelines state that zolpidem is a prescription short acting nonbenzodiazepine hypnotic which is approved for short term, usually 2 to 6 weeks, treatment for insomnia. Zolpidem is the same drug as Ambien. Proper sleep hygiene is critical to the injured worker with chronic pain and often is hard to obtain. Various medications may provide short term benefit. While sleeping pills, so called minor tranquilizers, and antianxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long term use. They can be habit forming and they may impair function in memory more than opioid pain relievers. May also increase pain and depression over long term use. Cognitive behavioral therapy should be an important part of an insomnia treatment plan. The submitted documentation did not indicate the efficacy of the medication, nor did it indicate that the Ambien was helping the injured worker sleep. Additionally, documentation indicates that the injured worker has been on the medication since at least 12/2014, exceeding recommended guidelines for short term use. Given that there were no other significant factors provided to justify the use outside of current guidelines, the request would not be indicated. As such, the request for Ambien is not medically necessary.

Lyrica 75mg #90: 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 Lyrica Page(s): 16.

Decision rationale: The request for Lyrica 75 mg #90 is not medically necessary. California MTUS Guidelines indicate that Lyrica is recommended for neuropathic pain. Lyrica is an anticonvulsant that has been documented to be effective in treatment in diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first line treatment for both. The medication is designated as a schedule V controlled substance because of its causal relationship with euphoria. The medication also has an antianxiety effect. The submitted documentation did not indicate that the injured worker had any neuropathic pain. Additionally, there was no indication that the injured worker had a diagnosis of diabetic neuropathy or postherpetic neuralgia. Furthermore, there was no indication the medication was helping the injured worker with any functional deficits. Moreover, the efficacy of the medication was not submitted for review. Given the above, the injured worker is not within California MTUS recommended guideline criteria. As such, the request 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 Celebrex Page(s): 30.

Decision rationale: The request for Celebrex 200 mg #60 is not medically necessary. The California MTUS Guidelines state that Celebrex is a nonsteroidal anti-inflammatory drug which is a cox 2 inhibitor that does not interfere with aspirin's antiplatelet activity. Cox 2 inhibitors have a decreased risk for gastrointestinal events in at risk injured workers. NSAIDs are not recommended for a treatment of long term neuropathic pain. The submitted documentation indicates that the injured worker had been on Celebrex since at least 12/2014, exceeding the recommended guidelines for short term use. Additionally, there was no evidence of the injured worker being at risk for gastrointestinal events. Furthermore, the efficacy of the medication was not submitted for review, nor did it indicate that the medication was helping with any functional deficits the injured worker had. Given the above, the injured worker is not within MTUS recommended guideline criteria. As such, the request is not medically necessary.

Voltaren Gel 4 tubes: 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 Topical Analgesics Page(s): 111.

Decision rationale: The request for Voltaren gel 4 tubes is not medically necessary. California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized control trials to determine efficacy or safety. Topical analgesia is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines also state that NSAIDs are recommended for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment. Recommended for short term use usually for 12 weeks. It was indicated in the submitted documentation that the injured worker had been on the medication since at least 12/2014, exceeding the recommended guidelines for short term use. Additionally, the efficacy of the medication was not submitted for review, nor did it indicate that it was helping with any functional deficits the injured worker had. Furthermore, the request as submitted did not specify a frequency, duration, or dosage. There was also no indication in the request as to where the medication would be applied. Given the above, the request would not be indicated. As such, the request is not medically necessary.

Cymbalta 30mg #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 Duloxetine (Cymbalta) Page(s): 43.

Decision rationale: The request for Cymbalta 30 #60 is not medically necessary. California MTUS Guidelines recommend Cymbalta as an option for first line treatment for neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. The submitted documentation did not indicate pertinent assessments indicating what pain levels were before, during, and after medication administration. Furthermore, there was a lack of documented evidence of the efficacy of the medication. Additionally, there was no indication of the injured worker having undergone any psychological assessments to warrant the continuation of the medication. The request as submitted also did not indicate a frequency or duration of the medication. Given the above, the injured worker is not within guideline criteria. As such, the request is not medically necessary.

Diovan 80mg #60: 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 Official Disability Guidelines (ODG) Diabetes, Hypertension treatment.

Decision rationale: The request for Diovan 80 mg #60 is not medically necessary. The Official Disability Guidelines state that hypertension treatment is recommended in control of diabetes mellitus. The recommendations include that screening for high blood pressure in adults to prevent cardiovascular morbidity and mortality are substantial and the harms of screening are small. The guidelines also state that active lifestyle (diet and exercise) modifications are recommended, first line medication to include Losartan, Benicar, and Diovan are also recommended. The submitted documentation did not indicate a diagnosis congruent with the above guidelines. It was noted that the injured worker had a diagnosis of derangement of the medial meniscus, cervico cranial syndrome, cervical spondylosis with myelopathy, brachial neuritis/radiculitis, and cervicalgia. Additionally, on progress note dated 12/18/2014, there was no evidence of the injured worker being monitored for hypertension. Given the above, the request would not been indicated. As such, the request is not medically necessary.

Linzess 145ugm #30: 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 Opioids Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioid-induced constipation treatment (Docusate).

Decision rationale: The request for Linzess 145ugm #30 is not medically necessary. California MTUS Guidelines recommend the prophylactic treatment of constipation when initiating opioid therapy. The Official Disability Guidelines recommend opioid induced constipation treatment. Upon prescribing an opioid, especially if it will be needed for more than a few days, there should be an open discussion with the injured worker that this medication may be constipating and the first step should be to identify and correct it. Simple treatment teachings, such as including increasing physical therapy, maintaining hydration by drinking enough water, and advising the injured worker to follow a proper diet rich in fiber, can reduce the chance and severity of opioid induced constipation and constipation in general. In addition, some laxatives may be helpful to stimulate gastric motility. Other over the counter medications can help loosen otherwise hard stools, add bulk, and increase water content of stool. There was no indication in the submitted documentation that the provider had educated the injured worker on proper hydration, proper diet, and proper exercise regarding opioid induced constipation. Furthermore, the submitted documentation did not indicate that the injured worker had complaints of constipation. Lastly, the request for Linzess 145ugm #30 does not allow for the re-evaluation of treatment and the request fails to specify a frequency and duration. Given the above, the request would not be indicated. As such, the request is not medically necessary.

Abstral (fentanyl) 600mg #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 Duragesic (fentanyl), ongoing management, opioid dosing Page(s): 44,78,86.

Decision rationale: The request for Abstral (fentanyl) 600 mg #60 would not be medically necessary. California MTUS Guidelines indicate that fentanyl is not recommended as a first line therapy. The FDA approved product labeling states that fentanyl is indicated in the management of chronic pain in injured workers who require continuous opioid analgesia for pain that cannot be managed by other means. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The submitted documentation lacked any evidence of the side effects that the injured worker might be having with the medication. Additionally, there was a lack of evidence of the efficacy of the medication, nor did it indicate that it was helping with any functional deficits the injured worker had. Moreover, the UAs were not submitted for review. Given the above, the request would not be indicated. As such, the request is not medically necessary.

TNI Compound Cream 1 tube: 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 Topical Analgesics Page(s): 111.

Decision rationale: The request for TNI compound cream 1 tube is not medically necessary. California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized control trials to determine efficacy or safety. Topical analgesia is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines also state that NSAIDs are recommended for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment. Recommended for short term use usually for 12 weeks. It was indicated in the submitted documentation that the injured worker had been on the medication since at least 12/2014, exceeding the recommended guidelines for short term use. Additionally, the efficacy of the medication was not submitted for review nor did it indicate that it was helping with any functional deficits the injured worker had. Furthermore, the request as submitted did not specify a frequency, duration, or dosage. There was also no indication in the request as to where the medication would be applied. Given the above, the request would not be indicated. As such, the request is not medically necessary.