

Case Number:	CM15-0009629		
Date Assigned:	01/27/2015	Date of Injury:	04/15/2010
Decision Date:	03/26/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/16/2015

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, Arizona
 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 32-year-old female who reported injury on 04/15/2010. The mechanism of injury was a slip and fall on a wet floor. The documentation indicated the injured worker had started Calan SR 120 mg as of 07/03/2014 to control the injured worker's headaches. Additionally, the injured worker was given Relpax 20 mg by mouth daily to abort the headaches. The documentation indicated at that time, the injured worker had trialed the medications and continued to have 20 days a month with headaches. The injured worker underwent a posterior cervical spinal fusion on 09/09/2012. The documentation indicated the injured worker failed abortive headache medication Relpax 20 mg. The injured worker was noted to have undergone physical therapy previously for the lumbar spine. The documentation of 12/19/2014 revealed the injured worker's pain level had remained unchanged since last visit. The injured worker had no new problems or side effects. The quality of sleep was poor. The activity level had remained the same. The injured worker indicated her pain was overall stable from the last visit. The primary pain complaints were severe headaches and persistent neck pain with radicular bilateral upper extremity pain. The injured worker noted persistent low back pain. The injured worker was wearing sunglasses during her computer classes due to photophobia. The injured worker was utilizing oxycodone one half tablet as needed, which was effective for pain. The injured worker had to take over the counter Tylenol and Motrin in its place, and these were ineffective. The injured worker had previously failed Ultram with excessive dizziness and sedation. The injured worker was noted to be utilizing the medication Calan SR 120 mg by mouth daily #30, and the headaches were noted to have improved in intensity and frequency; however, continued with 20

headaches a month. The injured worker indicated that previously, she would be confined to the sofa, and notes that she had been able to do more around the house/cleaning, and had been able to resume cooking and activities she had not performed in many months since starting the medication. The headaches were described as throbbing and squeezing in the back of her head. The injured worker was noted to have to lie down in a dark room, and was severely incapacitated with has onset. Photophobia was common, and she wore her sunglasses in class/computer work. The injured worker was noted to have an MRI of the cervical spine. The current medications were noted to include Calan SR 120 mg capsules 1 daily; oxycodone 5 mg 1 tablet daily; and Cymbalta 20 mg 1 capsule daily; as well as Wellbutrin 150 mg daily. The diagnoses included lumbar radiculopathy and cervical radiculopathy, as well as postconcussion syndrome and depression NOS, and low back pain. The treatment plan included physical therapy, acupuncture, a neuro-ophthalmology consultation, psychology consultation, antidepressant medications, oxycodone 5 mg, and a trial dose of Nucynta 50 mg daily in place of oxycodone, as the injured worker was unable to go to school on oxycodone. The medication allowed the injured worker to continue community activities and getting out of the house, as well as performing light lifting up to a milk carton, some laundry and folding, and walking for 10 to 15 minutes at a time. The injured worker had improved function, and it was noted the injured worker started taking community college courses. Additionally, the injured worker was to utilize Cymbalta 20 mg 2 tablets at bedtime for neuropathic pain and cervicogenic headaches; and additionally for the headaches, the documentation further indicated the injured worker had improvement in headache intensity and duration since starting the headache prophylaxis medication Calan 120 mg SR by mouth daily, and it was documented the injured worker would trial Sumavel DosePro injection treatment. The injured worker was noted to undergo urine drug screens.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg tablet #30 1 daily prn: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, Page(s): 60;78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized opioids since at least 07/2014. There is a lack of documentation of objective functional improvement and an objective decrease in pain with the use of opioids. The documentation indicated the injured worker was being monitored for aberrant drug behavior and side effects. Given the above and the lack of documentation, the request for Nucynta 50 mg tablets #30 one daily as needed is not medically necessary.

Calan Sr 120mg caplet #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/verapamil.html>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes Chapter, Hypertension Treatment

Decision rationale: The Official Disability Guidelines indicate that calcium channel blockers are a first line second edition for the treatment of hypertension. The clinical documentation submitted for review indicated the injured worker was utilizing the medication for headaches. However, the documentation dated 07/03/2014 and the documentation dated 12/19/2014 indicated the injured worker was continuing to have headaches 20 days a month and had improved function. However, the documentation failed to indicate an improvement in the headaches, as both documentation stated the injured worker would previously be confined to a sofa; and now she was able to perform more activities including house cleaning and resumed cooking, and activity that had not been performed in many months since starting the medication. Additionally, the injured worker was taking it for headache, not for hypertension. The request as submitted failed to indicate the frequency for the requested medication. Given the above and the lack of documentation of exceptional factors, the request for Calan SR 120 mg caplet #30 is not medically necessary.

Cymbalta 20mg capsule #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 Antidepressants Page(s): 13.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend antidepressants as a first line medication for the treatment of neuropathic pain, and they are recommended especially if the pain is accompanied by insomnia, anxiety, or depression. The clinical documentation submitted for review indicated the injured worker was experiencing neuropathic pain and had insomnia and depression. There was; however, a lack of documentation of exceptional factors, as the injured worker was additionally utilizing Wellbutrin. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation of objective functional benefit and an objective decrease in pain with the use of Wellbutrin. Given the above, the request for Cymbalta 20 mg capsule #60 is not medically necessary.

Oxycodone 5mg tablet #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60;78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized opioids since at least 07/2014. There is a lack of documentation of objective functional improvement and an objective decrease in pain with the use of opioids. The documentation indicated the injured worker was being monitored for aberrant drug behavior and side effects. The documentation indicated the injured worker would stop the oxycodone and start the use of Nucynta. As such, there was a lack of necessity for both medications, as they are both opioid in nature. Given the above and the lack of documentation, the request for oxycodone 5 mg tablets #30 as needed is not medically necessary.