

Case Number:	CM15-0103761		
Date Assigned:	06/08/2015	Date of Injury:	07/02/2010
Decision Date:	07/08/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/29/2015

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: New Jersey
 Certification(s)/Specialty: Family Practice

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 55 year old female who sustained an industrial injury on 7/2/10. The injured worker was diagnosed as having lumbar sprain/strain and lumbar vertebral herniated nucleus pulposus. Currently, the injured worker was with complaints of symptoms of depression and lower back pain. Previous treatments included activity modification, medication management and a corset brace. Previous diagnostic studies included radiographic studies. The plan of care was for medication prescriptions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs) Page(s): 67-68, 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, pp. 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, and those at risk for gastrointestinal bleeding. In the case of this worker, records suggested she had been using Celebrex chronically for some time to help treat her chronic pain and inflammation. However, there was insufficient documentation to state clearly the pain level reduction and functional gains directly related to this medication, which would be required before any consideration of approval. Regardless, however, chronic use of any NSAID carries with it significant side effects in the long run and would not be medically appropriate or necessary to continue Celebrex in this setting.

Zoloft 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-depressants Page(s): 16. Decision based on Non-MTUS Citation Official Disability Guidelines Mental Illness and Stress (updated 03/25/15) - Online Version Sertraline (Zoloft).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, pp. 13-16.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines state that antidepressants used for chronic pain may be used as a first line option for neuropathic pain and possibly for non-neuropathic pain. Tricyclics are generally considered first-line within the antidepressant choices, unless they are not effective, poorly tolerated, or contraindicated. For patients >40 years old, a screening ECG is recommended prior to initiation of therapy, as tricyclics are contraindicated in patients with cardiac conduction disturbances/decompensation. A trial of 1 week of any type of anti-depressant should be long enough to determine efficacy for analgesia and 4 weeks for antidepressant effects. Documentation of functional and pain outcomes is required for continuation as well as an assessment of sleep quality and duration, psychological health, and side effects. It has been suggested that if pain has been in remission for 3-6 months while taking an anti-depressant, a gradual tapering may be attempted. In the case of this worker, there was evidence of depression and anxiety which would warrant consideration of medical treatment with an SSRI. However, based on the notes, the worker had already been given this medication prior to this request for renewal, but there was no clear report on how effective it was to justify continuation at the requested dose. Therefore, the current request will be considered medically unnecessary without a report of success with the requested drug and dose.

Nucynta ER 200mg up to 5 refills #60: 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 (updated 04/30/15) - Online Version Tapentadol (Nucynta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was some evidence of this review being completed, including a significant pain level reduction and functional increase with the ongoing use of Nucynta ER. It appears that the provider and worker are trying to reach a lowest effective dose, but the 150 mg pill was causing too much pain. It is reasonable to suggest using Nucynta would be more appropriate in the setting of using an SSRI, however, close monitoring is still important as serotonin syndrome is still possible with this drug combination. Although there was no clear benefit from previous use of Zoloft documented in the notes, it is supposed that future use of Zoloft at the same or higher dose or a different SSRI is likely to be part of the ongoing regimen, it is reasonable to continue the Nucynta. However, the request for "up to 5 refills" seems excessive as 1-2 month's supply with follow-up in between is generally recommended. Therefore, the request as submitted will be considered medically unnecessary at this time.