

Case Number:	CM15-0142602		
Date Assigned:	08/06/2015	Date of Injury:	09/09/2001
Decision Date:	09/22/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/22/2015

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: Preventive Medicine, Occupational 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 57 year old female, who sustained an industrial injury on September 9, 2001. Several documents included in the submitted medical records are difficult to decipher. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having lumbar postlaminectomy syndrome, lumbosacral spondylosis, lumbar spondylosis, spinal enesopathy, brachial neuritis, cervical spondylosis with moderate to severe foraminal stenosis at cervical 5-6 and cervical 6-7, chronic cervical 7 radiculopathy, bilateral sacroiliitis, right trochanteric bursitis, chronic left knee pain status post orthopedic surgery, and status post spinal cord stimulator implantation and removal. Surgeries to date have included: a lumbar 5-sacral 1 decompression and instrumented fusion with transforaminal lumbar interbody fusion followed by removal of hardware. On August 21, 2014, a CT scan of the lumbar spine revealed mild to moderate degenerative changes of the sacroiliac joint bilaterally. There were moderate atrophic changes of the posterior paraspinal muscles within the lower lumbar spine. On September 18, 2014, a CT scan of the cervical spine revealed multilevel degenerative changes, most significant at the cervical 4-5 level with moderate central canal stenosis and moderate bilateral foraminal narrowing. At cervical 5-6, there was mild to moderate central canal narrowing with mild to moderate bilateral foraminal narrowing. At cervical 6-7, there was mild to moderate bilateral foraminal narrowing. Treatment to date has included lumbar radiofrequency ablations, off work, lumbar epidural steroid injections, and medications including short-acting and long-acting opioid analgesic, topical analgesic, muscle relaxant, sleep-inducing, steroid, and non-steroidal anti-inflammatory. There were no noted

previous injuries or dates of injury, and no noted comorbidities. On February 11, 2015, the injured worker reported ongoing low back pain, which was rated 7 out of 10. Her pain was described as dull, sharp, throbbing, aching, electricity, and pins and needles. Her pain is rated 9 out of 10 without medication and 7 out of 10 with medication. The physical exam revealed tenderness to palpation of the lumbar paraspinous area, tenderness to palpation throughout the back, decreased range of motion in all planes, a lumbar surgical scar, bilateral lumbar radicular signs, and positive straight leg raise bilaterally. The treatment plan includes continuing the Norco, Nucynta, and Lunesta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 200mg #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, Tapentadol (Nucynta).

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/Tapentadol (Nucynta) Section.

Decision rationale: MTUS guidelines do not address the use of Nucynta. Per the ODG, Nucynta is recommended only as second line therapy for patients who develop intolerable adverse effects with first line opioids. Three large RCTs concluded that tapentadol was efficacious and provided efficacy that was similar to oxycodone for the management of chronic osteoarthritis knee and low back pain, with a superior gastrointestinal tolerability profile and fewer treatment discontinuations. In this case, there is no indication that the injured worker has intolerable adverse effects with first-line opioids; therefore, the request for Nucynta ER 200mg #60 is determined to not be medically necessary.

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam.

The injured worker has been taking Norco for an extended period without objective documentation of functional improvement or significant decrease in pain. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325mg #90 is determined to not be medically necessary.

Lunesta 2mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain chapter Insomnia.

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, Insomnia Treatment Section.

Decision rationale: The MTUS Guidelines do not address pharmacologic sleep aids. Per the Official Disability Guidelines, pharmacological agents should only be used for insomnia management after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically whereas secondary insomnia may be treated with pharmacological and/or psychological measures. Eszopicolone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. It is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. A randomized, double blind, controlled clinical trial with 830 primary insomnia patients reported significant improvement in the treatment group when compared to the control group for sleep latency, wake after sleep onset, and total sleep time over a 6-month period. Side effects: dry mouth, unpleasant taste, drowsiness, dizziness. Sleep-related activities such as driving, eating, cooking and phone calling have occurred. Withdrawal may occur with abrupt discontinuation. The medical records do not address the timeline of the insomnia or evaluation for the causes of the insomnia. The medical records do not indicate that non-pharmacological modalities such as cognitive behavioral therapy or addressing sleep hygiene practices prior to utilizing a pharmacological sleep aid. The request for Lunesta 2mg #30 is determined to not be medically necessary.