

Case Number:	CM15-0188070		
Date Assigned:	09/30/2015	Date of Injury:	07/29/1998
Decision Date:	11/30/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/24/2015

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 67 year old female, who sustained an industrial-work injury on 7-29-98. She reported initial complaints of back pain. The injured worker was diagnosed as having chronic back pain status post lumbar laminectomy at L5-S1, degenerative changes to thoracic spine, dyspepsia from medications, and insomnia. Treatment to date has included medication, diagnostics, surgery, and back brace. MRI results were reported to demonstrate bilateral foraminal stenosis at L5-S1 impinging the exiting L5 nerve root, cord compression at T11-12 due to disc herniation and hypertrophic spurring, abnormal T12 suggesting possible gliosis. Currently, the injured worker complains of severe back pain radiating into both legs, worse on the right, with constant burning sensation. A back brace and right ankle brace for foot drop was worn. She is not working. Medication reduces pain by 50% and improves function with ADL's (activities of daily living). Pain is rated 8 out of 10 to 4 out of 10 with meds and 10 out of 10 without. Per the primary physician's progress report (PR-2) on 8-17-15, exam notes palpable spasm in the lumbar trunk, 4 out of 5 weakness in right thigh flexion, sensory loss in right lateral calf and bottom of her foot, ambulation is with a limp, absent right Achilles reflex. Current plan of care includes medications. The Request for Authorization requested service to include Nucynta 100mg, #60, Tramadol 50mg, #120, Ambien 10mg, #30, Neurontin 800mg, #120, and Aciphex 20mg, #30. The Utilization Review on 8-28-15 denied the request for Nucynta 100mg, #60, Tramadol 50mg, #120, Ambien 10mg, #30, Neurontin 800mg, #120, and Aciphex 20mg, #30, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 100mg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. The patient reported significant functional improvement with ADL's as a result of the continued use of this medication. I am reversing the previous utilization review decision. Nucynta 100mg, #60 is medically necessary.

Tramadol 50mg, #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The patient has reported significant function improvement and greater success managing her ADL's with the continued use of this medication. I am reversing the previous utilization review decision. Tramadol 50mg, #120 is medically necessary.

Ambien 10mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Pain Procedure Summary - Zolpidem (Ambien); Mosby's Drug Consult.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Zolpidem (Ambien).

Decision rationale: The Official Disability Guidelines do not recommend the use of sleeping pills for long-term use. While sleeping pills, so-called minor tranquilizers, and anti-anxiety 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 and memory more than opioid pain relievers. There is also concern that they may increase pain and

depression over the long-term. The patient has been taking Ambien for longer than the 2-6 week period recommended by the ODG. Ambien 10mg, #30 is not medically necessary.

Neurontin 800mg, #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The MTUS states that gabapentin is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is documentation of functional improvement. I am reversing the previous utilization review decision. Neurontin 800mg, #120 is medically necessary.

Aciphex 20mg, #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Pain Procedure Summary - Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Aciphex is a proton pump inhibitor. According to the Chronic Pain Medical Treatment Guidelines, and prior to prescribing a proton pump inhibitor, a clinician should determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is documentation that the patient has at least one of the risk factors needed to recommend a proton pump inhibitor. I am reversing the previous utilization review decision. Aciphex 20mg, #30 is medically necessary.