MAXIMUS Federal Services

Case Number:	CM15-0189230		
Date Assigned:	10/01/2015	Date of Injury:	08/30/2007
Decision Date:	12/04/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/25/2015

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 York, California
Certification(s)/Specialty: Emergency 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 47 year old female, who sustained an industrial injury on 8-30-07. The injured worker was diagnosed as having status post lumbar laminectomy syndrome, lumbago, lumbosacral neuritis-radiculitis and reflex sympathetic dystrophy of the lower limbs. Treatment to date has included a lumbar MRI on 3-20-14 showing degenerative disc disease present at L4-L5 and L5-S1 with 7-8mm left lateral listhesis of L4 on L5, a home exercise program, Neurontin, Percocet, Methadone, Cymbalta and Flexeril. Current medications include Colace, Fentora, Nucynta IR, Nucynta ER, Norco and Zofran. As of the PR2 dated 8-26-15, the injured worker reports chronic, severe pain in her bilateral legs, feet and lower back. She indicated that Norco "does not touch her nerve pain" and she has poor sleep quality. She rated her average pain since her last visit a 9 out of 10. Objective findings include alert and oriented with no signs of sedation or withdrawal. The treating physician noted the urine drug screen on 12-23-14 was consistent with prescribed medications. The treating physician requested a left TFE at L4 and L5, a follow- up evaluation with surgeon (lumbar, medications), Nucynta ER 200mg #90, Norco (unspecified strength) #180, Zofran 4mg #60 and Colace (unspecified strength and quantity). The Utilization Review dated 9-3-15, non-certified the request for a left TFE at L4 and L5, a follow-up evaluation with surgeon (lumbar, medications), Nucynta ER 200mg #90, Norco (unspecified strength) #180, Zofran 4mg #60 and Colace (unspecified strength and quantity) and certified the request for Topamax XR 25mg #7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left TFE at L4 and L5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: CA MTUS ACOEM and chronic pain guidelines recommends epidural injections when a patient has symptoms, physical examination findings, and radiographic or electrodiagnostic evidence to support a radiculopathy. The documentation supports subjective complaints of bilateral lower extremity radiculopathy, but physical exam does not support objective evidence of radiculopathy. There are no electrodiagnostic studies included in the chart material. CA MTUS chronic pain guidelines recommends epidural injections when a patient has symptoms, physical examination findings, and radiographic or electrodiagnostic evidence to support a radiculopathy. The MTUS for chronic pain states that epidural steroid injection is only for very specific radiculopathies shown by objective means. The documentation is not supported by the guidelines for the indications of an epidural steroid documentation. As such, the request is not medically necessary.

Follow-up evaluation with surgeon (lumbar, medications): 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) Low Back Procedure Summary Online Version last updated 7/17/2015.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Follow-up Visits, Surgical Considerations.

Decision rationale: According the above ACOEM referenced guideline, surgical spinal referral is indicated for: "Severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; Clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair; Failure of conservative treatment to resolve disabling radicular symptoms." The documentation does not objective evidence of radicular symptoms. The IW has previously had spinal surgery. There is no documentation of a new injury or changes to current symptoms. In addition, the documentation does not include clear imaging or electrophysiologic evidence to support a surgical lesion. Without this documentation, the request for a spine surgeon referral is not medically necessary.

Nucynta ER 200mg #90: Upheld

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, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain. Decision based on Non-MTUS Citation http://www.nucynta.com/.

Decision rationale: Nucynta is an opiate pain medication. The IW reports the use of Nucynta helps with burning pain. According to the above reference, Nucynta is approved for "Pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. Neuropathic pain associated with diabetic peripheral neuropathy (DPN) in adults severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate." The IW does not have a diagnosis of diabetes of peripheral neuropathy. Further CaMTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above recommended documentation. The IW reports her pain is 10/10 with and without the use of prescribed medications. There is no documentation of functional improvement with this medication. In addition, the request does not include dosing frequency or duration. There is not toxicology report included in the record. The request for opiate analgesia is not medically necessary.

Norco #180 (unspecified strength): Upheld

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, Opioids, dealing with misuse & addiction, Opioids, specific drug list.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above recommended documentation. he IW reports her pain is 10/10 with and without the use of prescribed medications. There is no documentation of functional improvement with this medication. In addition, the request does not include dosing frequency or duration. There is not toxicology report included in the record. The request for opiate analgesia is not medically necessary.

Zofran 4mg #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 (ODG-TWC) Pain Procedure Summary Online Version last updated 7/15/2015, antiemetics (for Opioid nausea).

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, antiemetics.

Decision rationale: The MTUS does not provide direction for the use of antiemetics. The Official Disability Guidelines recommends against their use for nausea presumed to be caused by chronic opioid intake. Per the FDA, ondansetron is indicated for nausea caused by chemotherapy, radiation treatment, postoperative use, and acute gastroenteritis. This injured worker does not have an FDA-approved indication. The treating physician has not provided an adequate evaluation of any condition causing nausea. There is no documented subjective complaints of nausea. There is no abdominal examinations or gastrointestinal consult or testing included in the documentation. The request does not include frequency or dosing. The necessary indications are not present per the available guidelines and evidence and the ondansetron is not medically necessary.

Colace (unspecified strength and quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Pain Procedure Summary Online Version last updated 7/15/2015, Opioid-induced constipation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: CAMTUS chronic pain guidelines recommend prophylactic treatment of constipation when prescribing opiates for analgesia. The IW has been on opiate medications for a minimum of 6 months and has been taking stool softeners during this time. There is no documentation in the record relating the IW bowel habits. Ongoing prescribing of Colace in the setting of narcotics is appropriate. However, opiate prescriptions should be closely monitored with ongoing assessments of functional improvements related to prescribed medications. As such, the ongoing use of a Colace is dependent upon the ongoing use of opiates. The opiates requested with this submission have been determined not medically necessary. There is no documentation of bowel habits, abdominal examinations or subjective complaints of

constipation. Additionally, the request does not include dosing frequency or duration. Without this documentation, the request for Colace is determined not medically necessary.