

Case Number:	CM15-0189334		
Date Assigned:	10/01/2015	Date of Injury:	10/29/2007
Decision Date:	11/09/2015	UR Denial Date:	09/18/2015
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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 68 year old male, who sustained an industrial injury on 10-29-07. Medical records indicate that the injured worker is undergoing treatment for lumbar degenerative disc disease, lumbosacral spondylosis, lumbosacral radiculopathy and major depression. The injured workers current work status was not identified. On (9-4-15) the injured worker complained of chronic low back pain and leg pain. The injured worker also noted difficulty sleeping. The pain was rated 8-9 out of 10 on the visual analogue scale. The injured worker reported good pain relief with his current medications and improved function on most days. Examination of the lumbar spine revealed loss of lumbar lordosis and no tenderness to palpation over the paraspinal muscle, lumbar spinous processes or sacroiliac joints bilaterally. Motor examination was intact. The treating physician noted that the injured workers pain and function were significantly improved with the prescribed medications. The injured worker denied side effects of his medications. The treating physician notes that the injured worker did not show any aberrant behavior. Subsequent progress reports (5-14-15 and 3-18-15) indicate that the injured workers pain levels were 3-4 out of 10 on the visual analogue scale. Treatment and evaluation to date has included medications, urine drug screen, cervical fusion, lumbar fusion and a right total knee replacement (2-12-15). Current medications include Morphine Sulfate IR, Ativan (since at least March of 2015), Flector patch, Ibuprofen (since at least March of 2015), Nucynta (since at least March of 2015), Paxil, Lipitor and Voltaren gel. The request for authorization dated 9-15-15 included requests for Ativan 0.5 mg # 90, Ibuprofen 800 mg # 90 and Nucynta 75 mg # 120. The Utilization Review documentation dated 9-18-15 non-certified

the requests for Ativan 0.5 mg # 90, Ibuprofen 800 mg # 90 and Nucynta 75 mg # 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 0.5mg QTY 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): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Benzodiazepines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ativan 0.5 mg #90 is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured workers working diagnoses are DDD lumbar; lumbosacral spondylosis; lumbar/sacral radiculopathy; and depression major NOS. Date of injury is October 29, 2007. Request authorization is September 15, 2015. According to a March 18, 2015 progress note, medications included ibuprofen 800 mg TID, Nucynta 75 mg Q6 8 hours, Ativan 0.5mg 1 to 2 tablets every eight hours, and Morphine sulfate IR 15 mg prn. According to a CURES report, a second provider filled OxyContin #40 tablets were filled for the injured worker January 2015 and #80 OxyContin February 2015. The injured worker denies receiving these medications. According to a September 4, 2015 progress note, subjective complaints include chronic low back pain and leg pain. The injured worker presents for refills. The injured worker's status post left total knee replacement and is doing well. There is no change in the back pain. There is no documentation demonstrating objective functional improvement to support ongoing Ativan. Ativan is not recommended for long-term use (longer than two weeks). At a minimum, the treating provider continued Ativan in excess of six months. The start date is unknown and the total duration of use is not specified. There are no compelling clinical facts to support the ongoing use of Ativan. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, an abnormal CURES report for an excessive number of OxyContin prescribed by a second provider, and Ativan prescribed well in excess of the recommended guidelines (longer than two weeks) without compelling clinical facts, Ativan 0.5 mg #90 is not medically necessary.

Nucynta 75mg QTY 120: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Nucynta.

Decision rationale: Pursuant to the Official Disability Guidelines, Nucynta 75mg #120 is not medically necessary. Nucynta is recommended only as a second line therapy for patients who develop intolerable adverse effects with first line opiates. See the guidelines for additional details. In this case, the injured workers working diagnoses are DDD lumbar; lumbosacral spondylosis; lumbar/sacral radiculopathy; and depression major NOS. Date of injury is October 29, 2007. Request authorization is September 15, 2015. According to a March 18, 2015 progress note, medications included ibuprofen 800 mg TID, Nucynta 75 mg Q6 8 hours, Ativan 0.5mg 1 to 2 tablets every eight hours, and Morphine sulfate IR 15 mg prn. According to a CURES report, a second provider filled OxyContin #40 tablets were filled for the injured worker January 2015 and #80 OxyContin February 2015. The injured worker denies receiving these medications. According to a September 4, 2015 progress note, subjective complaints include chronic low back pain and leg pain. The injured worker presents for refills. The injured worker's status post left total knee replacement and is doing well. There is no change in the back pain. There is no documentation of failed first-line opiate therapy. There is no documentation of intolerable adverse effects with first-line opiates. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of failed first-line opiate therapy and no documentation of intolerable adverse effects with first-line opiates, Nucynta 75mg #120 is not medically necessary.

Ibuprofen 800mg QTY 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): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, ibuprofen 800 mg #90 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured workers working diagnoses are DDD lumbar; lumbosacral spondylosis; lumbar/sacral radiculopathy; and depression major NOS. Date of injury is October 29, 2007. Request authorization is September 15, 2015. According to a March 18, 2015 progress note, medications included ibuprofen 800 mg TID, Nucynta 75 mg Q6 8 hours, Ativan 0.5mg 1 to 2 tablets every eight hours, and Morphine sulfate IR 15 mg prn. According to a CURES report, OxyContin #40 tablets were filled for the injured worker January 2015 and #80 OxyContin were filled by a second provider February 2015. The injured worker denies receiving these medications. According to a September 4, 2015 progress note, subjective complaints include chronic

low back pain and leg pain. The injured worker presents for refills. The injured worker's status post left total knee replacement and is doing well. There is no change in the back pain. There is no documentation of objective functional improvement in the medical record. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Ibuprofen was prescribed as far back, at a minimum, as March 18, 2015 approximately 6 months ago. There is no documentation of attempted weaning of ibuprofen 800 mg. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of attempted weaning and no documentation demonstrating objective functional improvement, ibuprofen 800 mg #90 is not medically necessary.