

Case Number:	CM15-0190259		
Date Assigned:	10/02/2015	Date of Injury:	01/16/2004
Decision Date:	12/03/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/28/2015

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 70 year old female, who sustained an industrial injury on 01-16-2004. No work status was noted in received medical records. Medical records indicated that the injured worker is undergoing treatment for low back pain, lumbar disc disorder, fibromyalgia and myositis, sciatica, chronic pain syndrome, and shoulder pain. Treatment and diagnostics to date has included an inconsistent urine drug screen dated 07-21-2015, home exercise program, use of TENS (Transcutaneous Electrical Nerve Stimulation) Unit, and medications. Current medications include Hydrochlorothiazide, Celebrex, Cymbalta, Azor, Lunesta, Xanax, Nucynta, Norco, Levothyroxine, Metformin, Metoclopramide, and Lansoprazole. After review of progress notes dated 07-21-2015 and 08-19-2015, the injured worker reported pain in her neck, bilateral shoulders, bilateral hips, bilateral elbows, bilateral hands, bilateral knees, and both feet rated 6-7 out of 10 on the pain scale without pain medications and 3 out of 10 with pain medications. The treating physician noted that the injured worker's pain level "has remained unchanged since last visit" and "reports continued functional benefit with her pain medications". Objective findings included slightly antalgic gait favoring her right lower extremity and tenderness noted over the lumbar and cervical paraspinal muscles. The request for authorization dated 08-19-2015 requested Norco, Nucynta IR 75mg twice a day as needed #60 per 30 days, Cymbalta, Soma 350mg daily as needed #20 per 30 days with 2 refills, Xanax 0.5mg twice a day as needed #60 per 30 days with 2 refills, Hydrochlorothiazide, Celebrex 200mg 2 daily #60 per 30 days with 2 refills, Azor, and follow up in 4-6 weeks. The Utilization Review with a decision date of 09-10-2015 modified the request for Soma 350mg #60, Xanax 0.5mg #180, and Celebrex 200mg #180

to Soma 350mg #16, Xanax 0.5mg #48, and Celebrex 200mg #60 and denied the request for Nucynta IR 75mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta IR 75mg #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), Pain Chapter, Tapentadol (Nucynta).

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

Decision rationale: The MTUS recommends Nucynta for moderate to moderately severe pain. Opioids for chronic pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear, but also appears limited. If the patient does not respond to a time limited course of opioids it is suggested that an alternate therapy be considered. For the on-going management of opioids there should be documentation of pain relief, functional improvement, appropriate use and side effects. Nucynta IR 75mg #60 is not medically necessary.

Soma 350mg #60: 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): Carisoprodol (Soma).

Decision rationale: The MTUS states that carisoprodol is not recommended and is not indicated for long-term use. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. There is little research in terms of weaning of high dose carisoprodol and there is no standard treatment regimen for patients with known dependence. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Soma 350mg #60 is not medically necessary.

Xanax 0.5mg #180: 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 rationale: Xanax (alprazolam) is a benzodiazepine medication used to treat anxiety and panic disorders. The MTUS states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Xanax 0.5mg #180 is not medically necessary.

Celebrex 200mg #180: 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 rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Guidelines recommend NSAIDs as an option for short-term symptomatic relief. Celebrex 200mg #180 is not medically necessary.