

Case Number:	CM15-0206476		
Date Assigned:	10/23/2015	Date of Injury:	09/12/2008
Decision Date:	12/11/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/21/2015

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: Texas, New York, 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 applicant is a represented 60-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 12, 2008. In a utilization review report dated October 13, 2015, the claims administrator failed to approve a request for Nucynta Extended Release and Xanax. An October 7, 2015 office visit was referenced in the determination. On said October 7, 2015 progress note, the applicant reported moderate to severe low back pain, partially controlled with medications. The applicant had developed derivative issues of weight gain, obesity, and sleep apnea, the treating provider noted. The applicant's medication list included Norco, Xanax, and Ambien, the treating provider stated. Nucynta was apparently employed on a trial basis, the treating provider reported. Xanax was renewed. On an earlier note dated September 9, 2015, the applicant's medication list included Xanax, Ambien, Norco, and Neurontin. The note was somewhat difficult to follow and mingled historical issues with current issues. The attending provider again stated the applicant's medications were beneficial in terms of reducing pain scores but did not elaborate further.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 200 every (Q) 12 hours #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Tapentadol (Nucynta).

Decision rationale: No, the request for Nucynta Extended Release, a long-acting opioid, was not medically necessary, medically appropriate, or indicated here. While page 75 of the MTUS Chronic Pain Medical Treatment Guidelines acknowledges that long-acting opioids such as Nucynta Extended Release can be employed to provide around-the-clock analgesia, this recommendation is, however, qualified by commentary made in ODG's Chronic Pain Chapter, Tapentadol Topic to the effect that Nucynta is recommended only as second-line therapy for applicants who have developed intolerable adverse effects with first-line opioids. Here, however, the October 7, 2015 progress note at issue did not outline the presence of intolerable adverse effects with first-line opioids. The applicant was in fact using a first-line opioid, Norco, as of that date, the treating provider acknowledged. Therefore, the request was not medically necessary.

Alprazolam 25mg, 2 refills #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

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

Decision rationale: Similarly, the request for alprazolam (Xanax), a benzodiazepine anxiolytic, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines such as Xanax are not recommended for chronic, long-term use purposes, whether employed for sedative effect, hypnotic effect, anxiolytic effect, muscle relaxant effect, etc., with most guidelines limiting usage of the same in four weeks. Here, thus, the 90-tablet, 2-refill supply of Xanax at issue, in and of itself, represented treatment in excess of MTUS parameters. Therefore, the request was not medically necessary.