

Case Number:	CM15-0020277		
Date Assigned:	02/09/2015	Date of Injury:	11/08/1991
Decision Date:	04/08/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/03/2015

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 55 year old female who sustained an industrial injury on November 8, 1991. There was no mechanism of injury documented. The injured worker was diagnosed with cervical strain and myofascial pain, bilateral carpal tunnel syndrome, lumbar radiculopathy and facet arthropathy, migraines, anxiety and insomnia. The injured worker is status post a L5-S1 fusion (no date documented). According to the primary treating physician's progress report on November 21, 2014 the injured worker was unchanged from her last visit dated August 29, 2014. The injured worker continues to experience low back pain, ongoing headaches and neck pain radiating to the upper extremities bilaterally with numbness and tingling of the wrists and hands. According to this report the injured worker was weaned successfully off MS Contin however the Dilaudid is not providing pain relief. The injured worker requested to be placed back on Duragesic patches. Current medications consist of Duragesic Patches, MS Contin ER, Valium, Xanax and Nucynta. No current treatment modalities were listed. The treating physician requested authorization for Duragesic Patch 75mcg, #15; Nucynta 150mg, #120; Xanax 1mg, #90; Valium 5mg, #30 and 1 Urine Drug Screen. On January 13, 2015 the Utilization Review denied certification for Duragesic Patch 75mcg, #15; Nucynta 150mg, #120; Xanax 1mg, #90; Valium 5mg, #30 and 1 Urine Drug Screen. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines and the Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic Patches 75mcg, #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Duragesic patch 75mcg #15 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are cervical spine discopathy; bilateral carpal tunnel syndrome; right trigger finger; lumbar spine status post L5- S1 fusion; lumbar disc disease; lumbar radiculopathy; lumbar facet arthropathy; migraine headaches; and insomnia. The documentation indicates Duragesic was prescribed pre-November 2013. The oldest progress note in the medical record is dated October 18, 2013 at which point the injured worker was taking Duragesic and MS Contin. The exact start date is unclear because the earliest progress note in the medical record is October 18, 2013. Duragesic was noncertified according to utilization reviews dated November 27, 2013 through April 23, 2014. Documentation, pursuant to November 21, 2014 progress note, states the injured worker was weaned off MS Contin. Dilaudid was not providing any analgesic relief. The treating physician then requested the injured worker be placed back on Nucynta. The medical record does not contain evidence of objective original improvement associated with ongoing Duragesic patch. There was no attempt at weaning Duragesic. There are no pain assessments in the medical record. There are no risk assessments in the medical record. There is no evidence of objective functional improvement associated with ongoing Duragesic or Nucynta. Consequently, absent compelling clinical documentation with evidence of objective functional improvement in addition to an absence of pain assessments and risk assessments, Duragesic patch 75mcg #15 is not medically necessary.

Nucynta 150mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Nucynta 150 mg #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. Nucynta was efficacious and provided efficacy similar to oxycodone for the management of chronic osteoarthritis knee and low back pain with a superior gastrointestinal tolerability profile and fewer treatment as continuations. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are cervical spine discopathy; bilateral carpal tunnel syndrome; right trigger finger; lumbar spine status post L5- S1 fusion; lumbar disc disease; lumbar radiculopathy; lumbar facet arthropathy; migraine headaches; and insomnia. The documentation indicates Duragesic was prescribed pre-November 2013. The oldest progress note in the medical record is dated October 18, 2013 at which point the injured worker was taking Duragesic and MS Contin. The exact start date is unclear because the earliest progress note in the medical record is October 18, 2013. Duragesic was noncertified according to utilization reviews dated November 27, 2013 through April 23, 2014. Documentation, pursuant to November 21, 2014 progress note, states the injured worker was weaned off MS Contin. Dilaudid was not providing any analgesic relief. The treating physician then requested the injured worker be placed back on Nucynta. The medical record does not contain evidence of objective original improvement associated with ongoing Duragesic patch. There was no attempt at weaning Duragesic. There are no pain assessments in the medical record. There are no risk assessments in the medical record. There is no evidence of objective functional improvement associated with ongoing Duragesic or Nucynta. Nucynta is recommended only as a second line therapy for patients who develop intolerable adverse effects with first-line opiates. There is no documentation of intolerable adverse effects with first-line opiates in the medical record. Consequently, absent clinical documentation with intolerable adverse effects associated with first-line opiates, Nucynta 150 mg #120 is not necessary.

Xanax 1mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. 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, Xanax 1mg #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 worker's working diagnoses are cervical spine discopathy; bilateral carpal tunnel syndrome; right trigger finger; lumbar spine status post L5- S1 fusion; lumbar disc disease; lumbar radiculopathy; lumbar facet arthropathy;

migraine headaches; and insomnia. The earliest progress note in the medical record is dated October 18, 2013. Xanax is prescribed at that time. An entry in the progress note indicates Xanax was prescribed as far back as 2009. Xanax is not recommended for long-term use (longer than two weeks). Utilization reviews indicate Xanax was noncertified from July 23, 2013 through April 23, 2014. There is no documentation of objective functional improvement. Additionally, the treating physician exceeded the recommended guidelines without providing compelling clinical evidence to support its use. Also, Xanax 1mg was prescribed concurrently with Valium 5mg. There was no clinical rationale in the medical record to support the dual use of two benzodiazepines taken concurrently. Consequently, absent compelling clinical documentation with objective functional improvement to support the ongoing long-term use of Xanax in contravention of the recommended guidelines not to exceed two weeks, Xanax 1mg #90 is not medically necessary.

Valium 5mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. 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, Valium 5mg #30 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 worker's working diagnoses are cervical spine discopathy; bilateral carpal tunnel syndrome; right trigger finger; lumbar spine status post L5-S1 fusion; lumbar disc disease; lumbar radiculopathy; lumbar facet arthropathy; migraine headaches; and insomnia. The oldest progress of the medical record is dated October 18, 2013. The documentation indicates Valium 5mg was prescribed at that time. The exact start date from an entry in a progress note indicated Valium was first prescribed in 2011. Valium was prescribed concurrently with Xanax. There is no clinical rationale in the medical record to support the dual use of two benzodiazepines taken concurrently. There is no evidence of objective functional improvement in the medical record. Consequently, absent compelling clinical documentation with objective functional improvement to support the ongoing use of Valium 5mg (taken concurrently with Xanax), Valium 5mg #30 is not medically necessary.

1 Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screen.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine drug testing is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, the injured worker's working diagnoses are cervical spine discopathy; bilateral carpal tunnel syndrome; right trigger finger; lumbar spine status post L5-S1 fusion; lumbar disc disease; lumbar radiculopathy; lumbar facet arthropathy; migraine headaches; and insomnia. The documentation indicates Duragesic was prescribed pre-November 2013. The oldest progress note in the medical record is dated October 18, 2013 at which point the injured worker was taking Duragesic and MS Contin. The exact start date is unclear because the earliest progress note in the medical record is October 18, 2013. Duragesic was noncertified according to utilization reviews dated November 27, 2013 through April 23, 2014. Documentation, pursuant to November 21, 2014 progress note, states the injured worker was weaned off MS Contin. Dilaudid was not providing any analgesic relief. The treating physician then requested the injured worker be placed back on Nucynta. The injured worker was taking Xanax, Valium, Nucynta and using a Duragesic patch. Xanax and Valium have been noncertified between July 23, 2013 and April 23, 2014. Duragesic has been noncertified dating November 27, 2013 through April 23, 2014. There are no intolerable adverse effects associated with first-line opiates and, as a result, Nucynta is not medically necessary. Xanax, Valium, Nucynta and Duragesic patch are not medically necessary (supra). The documentation does not contain evidence of drug misuse or abuse or a detailed risk assessment. A urine drug screen dated August 29, 2014 is present in the medical record. However, the areas with positive results were blacked out. Consequently, absent clinical documentation with a clinical indication for ongoing opiate and benzodiazepine use, in the absence of a risk assessment and aberrant drug-related behavior, urine drug testing is not medically necessary.