

Case Number:	CM15-0022067		
Date Assigned:	02/11/2015	Date of Injury:	09/15/2007
Decision Date:	04/06/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/05/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 36-year-old male who reported injury on 09/15/2007. The injured worker was utilizing Nucynta since at least 2012. The mechanism of injury occurred when the injured worker fell off of a forklift and rolled approximately 50 feet down the side of a cliff. Prior therapy included physical therapy, acupuncture, and electrical stimulation. The injured worker underwent an MRI of the lumbar spine. The injured worker underwent a CT myelogram with flexion and extension studies. The injured worker was noted to be utilizing Ambien since at least 10/27/2014. There was a Request for Authorization submitted for review dated 12/06/2014. The documentation of 12/02/2014 revealed the injured worker underwent spinal surgery on 11/15/2014. The injured worker's pain was an 8/10 and was a 4/10 with medication. The pain was 10/10 without medication. The injured worker was utilizing Nucynta for pain up to 4 to 5 times per day and had been utilizing Ambien for insomnia, and Cymbalta for musculoskeletal pain and depression. The injured worker was utilizing Pamelor 25 mg at night for headache rescue. The physical examination revealed muscle spasms. Range of motion was not assessed. The diagnoses included history of traumatic headache with closed head injury with laceration at the scalp and hypersensitivity over a possible neuroma from stellate scar, status post left sided L5-S1 polar fusion laminectomy, cervical sprain/strain with underlying spondylosis, and neuropathic pain to lower extremities. The refill was made of Nucynta 100 mg every 4 to 6 hours as needed for pain and Ambien 10 mg at bedtime for insomnia due to pain. The injured worker had undergone urine drug screens.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Nucynta 100mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior and side effects and had an objective decrease in pain. However, there was a lack of documentation of objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 1 prescription of Nucynta 100 mg #120 is not medically necessary.

One (1) prescription of Ambien 10mg #30: 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), Zolpidem.

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, Zolpidem.

Decision rationale: The Official Disability Guidelines indicate Zolpidem (Ambien) is appropriate for the short-term treatment of insomnia, generally 7-10 days. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 1 prescription of Ambien 10 mg #30 is not medically necessary.