

Case Number:	CM15-0026889		
Date Assigned:	02/18/2015	Date of Injury:	01/16/2007
Decision Date:	04/06/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/11/2015

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: Physical Medicine & Rehabilitation

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 62 year old male, who sustained an industrial injury on 1/16/2007. On 2/11/15, the injured worker submitted an application for IMR for review of Nycynta 100mg, and Ambien 10mg, and Neurontin 300mg. The treating provider has reported the injured worker complained of continued back and left leg pain. The diagnoses have included chronic left L4-S1 radiculopathy, resultant industrial related erectile dysfunction, depression, diabetic peripheral neuropathy, CAD status post MI/stent (2/2000). Treatment to date has included status post L4-S1 fusion (12/2009), physical therapy (2014), CT scan (2/21/14), medial branch nerve blocks L1-L2 and L3 bilaterally (9/9/14). On 1/20/15 Utilization Review non-certified due to open ended prescription with no quantity requested for Nycynta 100mg, and Ambien 10mg, and Neurontin 300mg. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nycynta 100mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient was injured on 01/16/07 and presents with low back pain and bilateral leg pain. The request is for NYCYNATA 100 MG. There is no RFA provided and the patient is permanent and stationary. The patient has been taking this medication since 09/23/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, none of the 4As are addressed as required by MTUS Guidelines. The treater does not provide any pain scales. There are no examples of ADLs which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/side effects. There are no pain management issues discussed such as CURES reports, pain contract, et cetera. No outcome measures are provided either as required by MTUS Guidelines. There are no urine drug screens provided to show if the patient is compliant with his prescribed medications. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Nycynta IS NOT medically necessary.

Ambien 10mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines mental illness and stress chapter, zolpidem (Ambien).

Decision rationale: The patient was injured on 01/16/07 and presents with low back pain and bilateral leg pain. The request is for AMBIEN 10 MG. There is no RFA provided and the patient is permanent and stationary. The patient has been taking this medication since 09/23/14. MTUS and ACOEM Guidelines are silent with regards to this request. However, ODG guidelines, mental illness and stress chapter, zolpidem (Ambien) state, Zolpidem (Ambien, generic available, Ambien CR) is indicated for short term use of insomnia with difficulty of sleep onset (7 to 10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Long term studies have found Ambien CR to be effective for up to 24 weeks in adults. The 01/05/15 report states that "he continues with Ambien 10 mg about 2-3 times per week." ODG Guidelines support the use of Ambien for 7 to 10 days with insomnia. In this case, the patient has been taking Ambien as early as 09/23/14, which exceeds the 7-10 day limit set by ODG Guidelines. Therefore, the requested Ambien IS NOT medically necessary.

Neurontin 300mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Gabapentin Medications for chronic pain Page(s): 18-19, 60.

Decision rationale: The patient was injured on 01/16/07 and presents with low back pain and bilateral leg pain. The request is for NEURONTIN 300 MG. There is no RFA provided and the patient is permanent and stationary. The patient has been taking this medication since 11/24/14. MTUS Guidelines page 18 and 19 revealed the following regarding gabapentin, "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post therapeutic neuralgia and has been considered a first-line treatment for neuropathic pain." MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The 11/24/14 report indicates that the patient has "ongoing neuropathic symptoms in his leg" and the treater would like to start a trial of Gabapentin. The 01/05/15 report states that the patient "endorses benefit as far as sleep is concerned but has not noticed a difference in pain." MTUS page 60 requires recording of pain assessment and functional changes when medications are used for chronic pain. It appears that Neurontin has not made a difference in the patient's pain and function. Therefore, the requested Neurontin IS NOT medically necessary.