

Case Number:	CM15-0053744		
Date Assigned:	03/27/2015	Date of Injury:	09/30/1998
Decision Date:	05/04/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/20/2015

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: Pennsylvania

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 65-year-old male who sustained an industrial injury on 9/30/98. The injured worker was diagnosed as having degenerative lumbosacral intervertebral disc disease, spinal stenosis of lumbar region and lumbago. Treatment to date has included medications, medial branch block, physical therapy and home exercise program. Progress notes from 2014 and early 2015 were submitted with visits approximately every 1-3 months. Work status was retired. Reports are stereotyped and much of the same information is carried over. Templated language regarding pain agreement, discussion of the 4A's (analgesia, adverse effects, activity, and abuse) is present in each progress note. Pain levels were consistently 7-8/10. Functional levels were also noted to be 7-8/10 but no specific activities of daily living were discussed. Progress notes state that the injured worker had poor sleep quality due to pain. There was continued low back pain and radicular pain in his legs, left greater than right, with pain in the soles of his feet with tingling and numbness of bilateral feet. Medications included Nucynta, temazepam, norco, and gralise, from January 2014 through February 2015. Prior urine drugs screens were noted to be consistent except for July 2011, which was negative for hydromorphone, which was attributed to inconsistent/as-needed use. Progress note of September 2014 notes that "Nucynta EF 50mg doesn't do much." Nucynta was noted to be used for baseline pain and norco for breakthrough pain. Progress note from November 2014 notes that the injured worker forgets to take the Nucynta ER. Treatment plan noted, "continue/decrease nucynta ER to 100 mg from 50 mg 1 po qd, #30 from 50 mg q 12 hrs prn baseline pain, #50." Urine drug screen from January 2015 was negative for nucynta, temazepam, and gralise, which was inconsistent

with prescribed medications; at a visit in February 2015, the physician noted that the urine drug screen was discussed and that the negative test for nucynta was due to no authorization. Medication denials were noted including norco that was received in November and denied in December. It was noted at the same visit that nucynta was helping with baseline pain. On 2/24/15, Utilization Review (UR) non-certified requests for temazepam 15 mg #30, norco 10/325 mg #75, and nucynta ER 100 mg #60, and modified a request for gralise 600 mg #60 to #48. UR cited the MTUS and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 15MG #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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain chapter: insomnia treatment.

Decision rationale: Per the MTUS, 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. In this case, temazepam has been prescribed for more than one year. Tolerance to hypnotic effects develops rapidly. The MTUS does not recommend benzodiazepines for long-term use for any condition. In this case, the documentation indicates that temazepam was prescribed for sleep disturbance. Progress notes consistently document poor sleep quality due to pain. No physician reports describe the specific criteria for a sleep disorder. Treatment of a sleep disorder, including prescribing hypnotics, should not be initiated without a careful diagnosis. There is no evidence of that in this case. For the treatment of insomnia, pharmacologic agents should only be used after careful evaluation of potential causes of sleep disturbance. Specific components of insomnia should be addressed. There was no documentation of evaluation of sleep disturbance in the injured worker, and components insomnia was not addressed. The treating physician has not addressed major issues affecting sleep in this patient, including the use of other psychoactive agents like opioids, which significantly impair sleep architecture, and depression. Due to insufficient evaluation of sleep disturbance and duration of use in excess of the guidelines, the request for temazepam is not medically necessary.

Norco 10/325mg #75: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Norco has been prescribed for more than one year for this injured worker with chronic back pain. There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There should be a prior failure of non-opioid therapy. Some urine drug screens were discussed; two were inconsistent with prescribed medications and attributed to as needed use and lack of authorization of medication. An opioid agreement was discussed but not submitted. There was no documentation of functional goals. Work status was consistently noted as retired. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. Numerical ratings of pain and function were consistently 7-8/10 for more than one year. The prescribing physician does not specifically address function with respect to prescribing opioids. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. Activities of daily living were not discussed. No specific screening for aberrant drug-taking behaviors was documented. As currently prescribed, norco does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Nucynta ER 100mg #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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines p. 74-96.

Decision rationale: Nucynta has been prescribed for more than one year for this injured worker with chronic back pain. The documentation notes that nucynta was both used for baseline pain and as needed. The documentation notes that nucynta "doesn't do much" and that the injured worker sometimes forgets to take this medication. There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There should be a prior failure of non-opioid therapy. Some urine drug screens were discussed; two were inconsistent with prescribed medications and attributed to as needed use and lack of authorization of medication. An opioid agreement was discussed but not submitted. There was no documentation of functional goals. Work status was consistently noted as retired. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. Numerical ratings of pain and function were consistently 7-8/10 for more than one year. The prescribing physician does not specifically address function with respect to prescribing opioids. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment

plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. Activities of daily living were not discussed. No specific screening for aberrant drug-taking behaviors was documented. As currently prescribed, nucynta does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Gralise 600mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anticonvulsants Page(s): 16-22.

Decision rationale: This injured worker has diagnoses of chronic low back pain with lumbar disc disease, spinal stenosis, and pain described as radicular. Per the MTUS, antiepilepsy drugs (AEDs) are recommended for neuropathic pain due to nerve damage. Gabapentin has been shown to be effective for treatment of diabetic neuropathy and postherpetic neuralgia and has been considered a first line treatment for neuropathic pain. The MTUS notes the lack of evidence for treatment of radiculopathy (the apparent reason for the prescription per the treating physician). A recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain. Gabapentin is recommended as a trial for lumbar spinal stenosis; as it produced statistically significant improvement in walking distance, decrease in pain with movement and sensory deficit in a pilot study. A "good" response to the use of AEDs is defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. Lack of at least a 30% response per the MTUS would warrant a switch to a different first line agent or combination therapy. After initiation of treatment, there should be documentation of pain relief with improvement in function, and documentation of any side effects, with continued use of AEDs dependent on improved outcomes versus tolerability of adverse effects. This injured worker has been prescribed gralise (gabapentin) for more than one year. Pain rating has been consistently 7-8/10 in this timeframe, with most recent pain rating of 8/10. There was no documentation of functional improvement. Work status was noted to be retired, and there was no documentation of improvement in activities of daily living. Due to lack of documentation of at least a 30% improvement in pain, and lack of documentation of functional improvement, the request for gralise is not medically necessary.