

Case Number:	CM15-0077465		
Date Assigned:	04/28/2015	Date of Injury:	10/21/2000
Decision Date:	08/21/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application	04/22/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 60-year-old female with an industrial injury dated 10/21/2000. The injured worker's diagnoses include scoliosis, chronic regional pain syndrome, reflex sympathetic dystrophy (RSD) of bilateral lower extremities, and insomnia due to chronic pain. Treatment consisted of prescribed medications and periodic follow up visits. In a progress note dated 03/24/2015, the injured worker reported low back pain and reported development of scoliosis with 80% curvature in the past twelve months. The injured worker rated pain a 7-8/10 decreasing to a 4/10 with medication. Objective findings revealed mild distress, back brace significant levoscoliosis, positive scoliosis, decreased range of motion in all planes and positive allodynia in bilateral feet. The injured worker reported subjective burning pain in thighs. The treating physician prescribed Nucynta 75mg, 1 tab every 4 hours as needed #180, Ambien CR 12.5mg #30, Zofran ODT 8mg 1 tab daily as needed #30 and Methadone 10mg 1 tab four times a day #120 now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 75mg, 1 tab every 4 hours as needed #180: 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), Pain/Nucynta.

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

Decision rationale: MTUS does not comment on Nucynta. Nucynta is tapentadol, a new centrally acting oral analgesic. It has two mechanisms of action, combining mu-opioid receptor agonism and norepinephrine reuptake inhibition. Nucynta was made a Schedule II controlled substance. Such drugs are sought by drug abusers and people with addiction disorders. Nucynta may be abused by crushing, chewing, snorting or injecting the product. These practices pose a significant risk to the abuser that could result in overdose and death. Nucynta has the same pain-relieving benefits of OxyIR, as well as the same risks that come with any opioid, but shows a significant improvement in gastrointestinal tolerability compared with oxycodone, so if patients on OxyIR complain of constipation, nausea, and/or vomiting, Nucynta might be recommended as a second-line choice. Nucynta is recommended as a second line therapy when patients develop intolerable adverse effects to first line opioids. In this case the patient has been receiving Nucynta since at least November 2014 and has not obtained analgesia. Criteria for long-term opioid use have not been met. The request is not medically necessary.

Ambien CR 12.5mg #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), Mental Illness/Ambien.

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

Decision rationale: Ambien is the medication zolpidem. Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. Cognitive behavioral therapy (CBT) should be an important part of an insomnia treatment plan. A study of patients with persistent insomnia found that the addition of zolpidem immediate release to CBT was modestly beneficial during acute (first 6 weeks) therapy, but better long-term outcomes were achieved when zolpidem IR was discontinued and maintenance CBT continued. zolpidem is linked to a sharp increase in ED visits, so it should be used safely for only a short period of time. In this case the patient has been taking Ambien since at least November 2014. The duration of treatment surpasses the recommended short-term duration of two to six weeks. The request is not medically necessary.

Zofran ODT 8mg 1 tab daily as needed #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), Pain/Ondansetron (Zofran).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain: Antiemetics (for opioid nausea).

Decision rationale: Zofran is the anti-emetic medication, ondansetron. Ondansetron, a serotonin 5-HT₃ receptor antagonist, is an anti-emetic. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. Anti-emetics are not recommended for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. In this case, the patient complaints of irritation to her stomach from medication use. Anti-emetic medication is not medically necessary.

Methadone 10mg 1 tab four times a day #120: 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), Pain/Methadone.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 61, 74-96.

Decision rationale: Methadone is an opioid medication recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with this medication. This appears, in part, secondary to the long half-life of the drug (8-59 hours). Pain relief on the other hand only lasts from 4-8 hours. Delayed adverse effects may occur due to methadone accumulation during chronic administration. Adverse effects include respiratory depression and QT prolongation. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDs have failed. In this case the patient has been receiving methadone since at least November 2014 and has not obtained analgesia. Criteria for long-term opioid use have not been met and risk of adverse effects is high. The request is not medically necessary.