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| Case Number: | CM15-0080334 | | |
| Date Assigned: | 05/01/2015 | Date of Injury: | 09/09/1992 |
| Decision Date: | 06/03/2015 | UR Denial Date: | 04/09/2015 |
| Priority: | Standard | Application Received: | 04/27/2015 |

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 61 year old female patient, who sustained an industrial injury on September 9, 1992. The diagnoses include postlaminectomy syndrome cervical region and cervicgia. Per the doctor's note dated March 10, 2015, she had complaints of chronic, moderate/severe neck and upper back pain radiating into her upper and lower extremities. Sitting, lack of restorative sleep, and activities aggravate her pain. Her pain was rated: average without medication =10, with medications = 3.5/10 and current = 4.5/10. She is able to remain functional, be more mobile, and tolerate her activities of daily living and home exercises with her current medications. The treating physician notes that she has tried and failed multiple sleep aids, tricyclic anti-depressants, antidepressant/chronic pain medications, and neuropathic medications. The physical examination revealed decreased and equal deep tendon reflexes of the bilateral upper and lower extremities, cervical 7-cervical 8 paraspinal tenderness, cervical spasms, decreased cervical range of motion, decreased strength of the right upper extremity, and decreased sensation of the bilateral upper extremities. The current medications list includes Nucynta, Neurontin, ambien, soma, fexmid, atenolol, lovastatin, HCTZ and Seroquel. She has had urine drug screening. She has undergone cervical fusion surgery and appendectomy. She has had a home exercise program, moist heat, stretches, and medications for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50 MG #90: Overturned

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 (ODG) Chapter: Pain (updated 04/30/15) Tapentadol (Nucynta).

Decision rationale: Nucynta 50 MG #90. CA MTUS does not specifically address Nucynta. Nucynta (tapentadol) is a centrally acting opioid agonist similar to tramadol. Per the ODG cited above, tapentadol was efficacious and provided efficacy that was similar to oxycodone for the management of chronic osteoarthritis knee and low back pain, with a superior gastrointestinal tolerability profile and fewer treatment discontinuations. (Afilalo, 2010) (Buynak, 2010) (Lange, 2010) On November 21, 2008, the FDA approved tapentadol immediate-release tablets for relief of moderate to severe acute pain. "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. Nucynta was already approved for acute pain. (FDA, 2011)" According to the records provided patient had chronic, moderate/severe neck and upper back pain radiating into her upper and lower extremities with history of cervical spine surgery. She has positive findings on examination: tenderness, spasm and decreased range of motion of the cervical spine. The patient has chronic pain with significant abnormal objective findings. The chronic pain is prone to intermittent exacerbations. A request for Nucynta 50 mg #90 is medically appropriate and necessary for this patient at this juncture for chronic pain as well as for use during acute exacerbations.

Neurontin 600 MG #60 with 2 Refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone, generic available) Page(s): 18-19.

Decision rationale: Neurontin 600 MG #60 with 2 Refills. Gabapentin is an anti-epileptic drug. According to the CA MTUS Chronic pain guidelines "Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Per the cited guidelines, "CRPS: Recommended as a trial. (Serpell, 2002) Fibromyalgia: Recommended as a trial. (Arnold, 2007) Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit found in a pilot study." Per the records provided patient had chronic, moderate/severe neck and upper back pain radiating into her upper and lower extremities with history of cervical spine surgery. She has positive findings on examination: tenderness, spasm and decreased range of motion of the cervical spine; decreased strength of the right upper extremity, and decreased sensation of the

bilateral upper extremities. This is evidence of nerve related pain. Gabapentin is recommended in a patient with such a condition. This request for Neurontin 600 MG #60 with 2 Refills is medically appropriate and necessary for this patient.

Seroquel 25 MG #60 with 2 Refills: 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 (ODG) Chapter: Mental Illness & Stress (updated 03/25/15) Quetiapine (Seroquel) Atypical antipsychotics.

Decision rationale: Seroquel 25 MG #60 with 2 Refills. Seroquel contains Quetiapine which is an atypical antipsychotic. ACOEM and CAMTUS do not address this request. Per the ODG guidelines atypical antipsychotics "Not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. See PTSD pharmacotherapy. Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. The meta-analysis also shows that the benefits of antipsychotics in terms of quality of life and improved functioning are small to nonexistent, and there is abundant evidence of potential treatment-related harm. The authors said that it is not certain that these drugs have a favorable benefit-to-risk profile. Clinicians should be very careful in using these medications. (Spielmans, 2013) The American Psychiatric Association (APA) has released a list of specific uses of common antipsychotic medications that are potentially unnecessary and sometimes harmful. Antipsychotic drugs should not be first-line treatment to treat behavioral problems. Antipsychotics should be far down on the list of medications that should be used for insomnia, yet there are many prescribers using quetiapine (Seroquel), for instance, as a first line for sleep, and there is no good evidence to support this. Antipsychotic drugs should not be first-line treatment for dementia, because there is no evidence that antipsychotics treat dementia." Per the records provided patient has insomnia. There is no high-grade scientific evidence to support the use of seroquel for the insomnia. There is no evidence of a psychotic disorder in this patient. The effect of other sedating medications like neurontin and nucynta on the patient's insomnia symptoms was not specified in the records provided. With this, it is deemed that Seroquel 25 MG #60 with 2 Refills is not medically necessary for this patient at this time.