

Case Number:	CM15-0087367		
Date Assigned:	05/11/2015	Date of Injury:	03/08/2008
Decision Date:	09/18/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/06/2015

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: Preventive Medicine, Occupational 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 49 year old male who sustained an industrial injury on 3/8/08 resulting in a new left shoulder injury and an exacerbation to his neck, low back and left shoulder. He has had prior injuries to the low back, neck and left shoulder regions. He currently complains of centralized lower back pain with radiating pain into the right leg through the buttocks. His pain level is 6/10. Medications are OxyContin, Nucynta, Dilaudid, Norco, and tempazepam. There were no drug screens for review or specific mention of sleep difficulties. Diagnoses include status post lumbar fusion surgery at L4-5 and L5-S1; L3-4 disc protrusion, sciatic neuralgia; L4-5, L5-S1 spondylolisthesis; L4-5 lumbar disc bulge; chronic lumbar radiculopathy. Diagnostics include MRI of the lumbar spine (1/22/15) showing an L3-4 central protrusion; computed tomography of the lumbar spine (1/22/15) showing a posterolateral fusion at L4-5, L5-S1. In the progress note dated 3/30/15 the treating provider's plan of care includes to continue with current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 60.

Decision rationale: According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. There is no documentation of the above criteria for any of narcotics that the patient has been taking. Dilaudid 4mg #60 is not medically necessary.

Soma 350mg #90 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 29.

Decision rationale: The MTUS states that carisoprodol is not recommended and is not indicated for long-term use. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. There is little research in terms of weaning of high dose carisoprodol and there is no standard treatment regimen for patients with known dependence. Soma 350mg #90 with 1 refill is not medically necessary.

Nucynta ER 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue opioids.

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

Decision rationale: According to the Official Disability Guidelines, Nucynta is recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids. There is no documentation in the medical record that the patient has developed intolerable adverse effects to the current narcotic regimen. Nucynta ER 150mg #60 is not medically necessary.

Restoril 15mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

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

Decision rationale: The Official Disability Guidelines recommend non-pharmacologic treatment before medications are prescribed. Empirically supported treatment includes stimulus control, progressive muscle relaxation, and paradoxical intention. Treatments that are thought to probably be efficacious include sleep restriction, biofeedback, and multifaceted cognitive behavioral therapy. Suggestions for improved sleep hygiene: (a) Wake at the same time everyday; (b) Maintain a consistent bedtime; (c) Exercise regularly (not within 2 to 4 hours of bedtime); (d) Perform relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the clock; (g) Avoid caffeine and nicotine for at least six hours before bed; (h) Only drink in moderation; & (i) Avoid napping. In terms of first-line therapy, for acute insomnia lasting less than 6 months, medication is probably the best treatment approach, but for chronic insomnia, a combined approach with CBT might give the best of both worlds; however, after a few weeks, the recommendation is to discontinue the medication and continue with CBT. Restoril 15mg #60 is not medically necessary.

Oxycontin 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 60.

Decision rationale: According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. There is no documentation of the above criteria for any of narcotics that the patient has been taking. Oxycontin 10mg #60 is not medically necessary.

Norco 10/325mg #150: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of a number of narcotics, including Norco, the patient has reported very little functional improvement; he does report pain relief with Norco, which is his primary medication. I am reversing the previous utilization review decision. Norco 10/325mg #150 is medically necessary.