

Case Number:	CM14-0122423		
Date Assigned:	08/06/2014	Date of Injury:	04/06/1986
Decision Date:	10/07/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/04/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 female who had a work related injury on 04/06/86. Mechanism of injury was not documented. She was currently diagnosed with status post cervical fusion times three, status post posterior lumbar interbody fusion at L5-S1 with instrumentation on 04/19/05, adjacent level disease at L4-5 with disc protrusion peer, facet arthrosis, and stenosis resulting in new onset of radiculopathy, failed back syndrome with severe chronic radiculopathy and right hip neuroma on the bone graft harvest site status post left sacroiliac joint fusion on 01/06/14. The most recent clinical documentation submitted for review was dated 07/10/14. The injured worker complained of left sided neck pain and low back pain, left shoulder pain, and left hip pain. With medication, she rated her pain 8/10 and 10 without. She started physical therapy which she felt was helping. She stated the physical therapist knew that deep tissue massage for her neck would benefit her. She stated that they had previously discussed the option of spinal cord stimulator and she had become interested in this with hopes of not having to rely on so much medication in the future. Current medication was Lidoderm 5% patch, Celebrex 200mg capsule, Flexeril 10mg tablets, Gabapentin 300mg capsules, Senokot 8.6mg tablets. Nucynta 100mg tablets, Nucynta ER 200mg tablets, Lyrica 25mg tablets, Reequip .25mg tablets. New pair examination she had antalgic gait, assisted by cane. Lumbar spine revealed surgical scar. Range of motion restricted with extension, bilateral lateral bending, and bilateral lateral rotation. Physical examination of paravertebral muscles, tenderness on both sides. Neurological normal appearance, tone, and muscle strength, grossly intact without deficits on sensory exam. Prior utilization review on 07/30/14 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Tablets of Senokot 8.6 mg with 5 Refills between 7/25/2014 and 9/8/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Online version Integrated Treatment/Disability Duration Guidelines Pain (Chronic)

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, prophylactic constipation measures should be initiated when long-term opioid medications are to be utilized; however, there is no indication in the documentation that attempts were made and failed at first-line treatment options to include proper diet, activity modification and increased fluid intake. Additionally, there is no indication that the patient cannot utilize the readily available over-the-counter formulation of the medication. Additionally, current guidelines do not recommend the use of medical foods or herbal medicines. As such, the request for this medication cannot be recommended as medically necessary.

90 Tablets of Nucynta 100 mg between 7/25/2014 and 9/8/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Documentation does not indicate significant decrease in pain scores with the use of medications. Therefore, medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician.

60 Tablets of Nucynta ER (extended release) 200 mg between 7/25/2014 and 9/8/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Documentation does not indicate significant decrease in pain scores with the use of medications. Therefore, medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician.