

Case Number:	CM14-0125639		
Date Assigned:	08/11/2014	Date of Injury:	05/05/2005
Decision Date:	10/15/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/08/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Texas. 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 patient is a 48 year old female who sustained an industrial injury on 5/5/2005. The MOI occurred while lifting a box of ketchup she felt sharp pain in her lower back area. The listed diagnoses are lumbago, lumb/lumbosac disc degen, lumbosacral neuritis NOS, spasm of muscle, postsurgical states NEC. The prior peer review on 7/18/2014 modified the request for oxycodone HCL/acetaminophen 10/325mg #120 to allow #30 for continued downward titration of mediation. Modified the request for Nucynta 100mg/Tapentadol #90 to allow #45 to initiate weaning process as the medical necessity of the medication has not been established. Non-certified the requests for Omeprazole 20mg #30 and Doc-Q-Lace 100mg #200, as the medical necessity of these medications had not been established. The recent pain management follow report dated 8/5/2014 indicates the patient was last seen on 6/10/14, and reports no significant change from previous visit. She complains of low back pain and left leg pain. She is hoping for hardware removal, which was denied. She is taking all medications as prescribed, and current regimen is stable. She uses Nucynta during the day and Percocet at night. She needs liquid and oral nystatin for oral thrush. Average pain, mood and functional level since last visit are 8-9/10. She complains of poor sleep quality due to pain, medications are helping. Work status remains TTD. Current medications are Ambien, Ativan, Celebrex, Colace, Cymbalta DR, Diflucen, methadone, Nucynta, nystatin suspension, nystatin tablet, phentermine, and Prilosec DR. Per ROS she denies GI, neurological complaints, does note musculoskeletal issues of low back and left leg pain, denies swelling or any new symptoms. Physical examination indicates she is an otherwise healthy appearing female, appears stated age, no acute distress, no signs of sedation or withdrawal, alert and appropriate. On exam, she has difficulty with sit to stand, she is not using any assistive device for ambulation, has weakness and foot drop effect on LLE, and decreased active lumbar ROM. Current assessment are current discogenic pain due to L4 and L5 annular

lesion, s/p surgery/fusion at L4/5 5/2012; lumbar radiculopathy on left; myofascial pain/spasm due to above; poor sleep hygiene due to pain; opioid dependency with tolerance but efficacy and compliant therapy; CRPS I symptoms of LLE. Diagnosis are lumbago, lumb/lumbosac disc degen, lumbosacral neuritis NOS, spasm of muscle, postsurgical states NEC. Plan is continue medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL/Acetaminophen 10/325 mg quantity 120.00: 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): 75-87.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, continued opioid treatment requires documented pain and functional improvement and response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also note that opioids, such as Percocet may be efficacious for short-term use, but the efficacy of long-term use is limited. The guidelines state continuation of opioids is recommended if the patient has returned to work and if the patient has improved functioning and pain. The medical records document the patient has complaints of chronic low back and left lower limb radicular pain, of 8-9/10 severity. The medical records do not demonstrate either return to work or improvement in function and pain with chronic opioid use. The patient reports benefit with the medication regimen. However, there lacks documentation supporting quantifiable pain relief and objective functional improvement with ongoing opioid therapy. In addition, the patient is on methadone, and her MED grossly exceeds the maximum morphine equivalent dosage recommended by the guidelines of 120mg. Weaning of this medication has been recommended per the prior 2 peer reviews, and that is medically appropriate. The medical necessity of this request is not established.

Nucynta 100 mg/Tapentadol quantity: 90.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-87. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Tapentadol (Nucynta®)

Decision rationale: The CA MTUS states Long-acting opioids: also known as "controlled-release", "extended-release", "sustained-release" or "long-acting" opioids are a highly potent form of opiate analgesic. The proposed advantage of long-acting opioids is that they stabilize medication levels, and provide around-the-clock analgesia. According to the ODG, Nucynta is

recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids. The medical records do not establish that to be the case of this patient. The medical records have not shown that the patient has developed intolerable side-effects with first line medications. In addition, the patient is no methadone, and her MED grossly exceeds the maximum morphine equivalent dosage recommended by the guidelines of 120mg. Chronic use of opioids is not generally recommended. The medical necessity of Nucynta has not been established.

Omeprazole 20 mg quantity: 30.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain; Proton pump inhibitors (PPIs), NSAIDs, GI symptoms & cardiovascular risk

Decision rationale: The guidelines state PPIs such as Omeprazole may be indicated for patients at risk for gastrointestinal events, which are: 1) age over 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). However, none of these criteria apply to this patient. The medical records do not establish any of these potential significant risk factors apply to this patient. The ODG states PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Studies suggest, however, that nearly half of all PPI prescriptions are used for unapproved indications or no indications at all. The patient denies GI issues. The medical records do not include supportive correlating subjective/objective findings documented in a current medical report that would establish Omeprazole is medically indicated. Therefore, the medical necessity of Omeprazole has not been established.

Doc-Q-Lace 100 mg quantity: 200.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Long-term Users of Opioids (6-months or more Page(s): 77;88.

Decision rationale: Regarding long-term opioid management, the guidelines recommend routine re-assessment should include documentation of any adverse effects with the medications, such as constipation. The patient denies having any GI issues, including denies constipation. There is no evidence that the patient follows a high fiber diet and increase water intake as means of self-regulating and maintain good bowel function. Furthermore, ongoing chronic use of opioids is not supported in this case. The medical necessity for this laxative is not established.