

Case Number:	CM14-0131838		
Date Assigned:	09/29/2014	Date of Injury:	04/17/1996
Decision Date:	11/13/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/18/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic wrist pain reportedly associated with an industrial injury of April 17, 1996. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; sleep aids; wrist bracing; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated July 29, 2014, the claims administrator failed to approve requests for Nucynta, Nucynta extended release, and Ambien. The applicant's attorney subsequently appealed. In a July 18, 2014 progress note, the applicant reported 5-6/10 pain with medications versus 10/10 pain without medications. The applicant stated that her medications were allowing her to perform household chores. The applicant stated that she still had complaints of paresthesias about the bilateral hands. The applicant acknowledged that she was depressed. The applicant was using Lopressor, Lastacalf eye drops, Restasis eye drops, Zioptan eye drops, Allegra, albuterol, Ambien, Xanax, Nucynta, and Nucynta extended release, it was noted. The applicant had an allergy list which reportedly included Vicodin, methadone, and Darvon. The applicant appeared anxious. Multiple medications were renewed, including Ambien, Xanax, Nucynta, and Nucynta extended release. Custom wrist braces were sought. The applicant's work status was not furnished. In a June 19, 2014, progress note, the applicant again reported 7/10 pain with medications versus 10/10 pain without medications. The applicant stated that her medications were allowing her to function with less pain. The applicant was still using wrist braces quite frequently, it was noted. The applicant was asked to follow up with a psychiatrist to obtain anxiolytic medications. The applicant was given refills of Xanax, Ambien, Nucynta, and Nucynta extended release. The applicant was asked to follow up with her psychiatrist for further psychotropic medication refills. The applicant's work status was not furnished.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 100mg 1 tablet every 12 hours #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 85.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is seemingly off of work. The attending provider has failed to document the applicant's work status on several recent office visits, referenced above. The applicant is having difficulty performing activities of daily living as basic as gripping and grasping, it has been suggested on several occasions, referenced above. The applicant continues to report pain complaints as high as 7/10 on an office visit of June 19, 2014, despite ongoing opioid usage. All of the foregoing, taken together, does not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.

Nucynta 50mg 1 tablet TID PRN #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 85.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant is having difficulty performing activities of daily living as basic as gripping and grasping, despite ongoing opioid usage with Nucynta. Pain complaints as high as 7/10 were noted, despite ongoing usage of Nucynta. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary..

Ambien CR 12.5mg 1 tablet at bedtime PRN #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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation [PDF]Ambien Label - Food and Drug Administration, www.accessdata.fda.gov/drugsatfda.../labe., Food and Drug Administration Ambien is indicated for the short-term treatment of insomnia characterized by difficulties with sleep initiation. Ambien has been shown to decrease sleep latency for up to 35 days in controlled clinical studies. (1).

Decision rationale: While the MTUS does not specifically address the topic of Ambien usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purposes has a responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA), however, notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. In this case, the applicant appears to have been using Ambien for what appears to be a span of several months. No rationale for selection and/or ongoing usage of Ambien in the face of the unfavorable FDA position on long-term usage of Ambien was proffered by the attending provider. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider incorporate some discussion of applicant-specific variables such as "other medications" into his choice of pharmacotherapy. In this case, the attending provider has not outlined a clear or compelling case for provision of two separate sedative medications, Ambien and Xanax. Therefore, the request was not medically necessary.