

Case Number:	CM14-0183534		
Date Assigned:	11/10/2014	Date of Injury:	11/22/1996
Decision Date:	12/12/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/04/2014

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 Orthopedic Surgery, and is licensed to practice in Pennsylvania. 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 49-year-old female who reported an injury on 11/22/1996. The mechanism of injury was not specifically stated. The current diagnoses include spinal stenosis in the lumbar region, lumbar disc disorder, lumbar disc herniation, shoulder joint pain, and CRPS type 2. The injured worker presented on 11/5/2014 with complaints of persistent lower back pain. The injured worker has been previously treated with medication management. The current medication regimen includes Cyclobenzaprine, Ambien CR, Norco, Ibuprofen, Soma, Topamax, and Nucynta. Physical examination revealed an antalgic gait, tenderness in the right and left lumbar paravertebral regions at the L4-5 and L5-S1 levels, restricted lumbar range of motion, 35 degrees forward flexion, 5 degrees extension, and 10 degrees right and left lateral flexion, positive straight leg raise, and diminished motor strength in the bilateral lower extremities. Treatment recommendations at that time included continuation of the current medication regimen, bilateral transforaminal epidural steroid injections, and a referral to a spine surgeon. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50 MG #60: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Tapentadol (Nucynta®)

Decision rationale: The Official Disability Guidelines recommend Nucynta only as a second line therapy for patients who develop intolerable adverse effects with first line opioids. Although it is noted that the injured worker has been previously treated with Vicodin ES and Motrin 600 mg, there is no mention of intolerable adverse effects with first line opioids. The injured worker has utilized Nucynta 50 mg for an unknown duration. There is no documentation of objective functional improvement. There is also no frequency listed in this request. As such, the request is not medically appropriate.

Ambien 12.5 MG #30: 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) Chronic Pain Chapter, Insomnia Treatment

Decision rationale: The Official Disability Guidelines recommend insomnia treatment based on etiology. Ambien is indicated for the short term treatment of insomnia with difficulty of sleep onset. The injured worker does not maintain a diagnosis of insomnia. There is no documentation of a failure to respond to first line treatment as outlined by the Official Disability Guidelines, prior to the initiation of a prescription product. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Norco 10/325 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized Norco 10/325 mg for an unknown duration. There is no documentation of objective functional improvement. There is also no frequency listed in this request. As such, the request is not medically appropriate.

Soma 350 MG #60 with 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. Soma should not be used for longer than 2 to 3 weeks. The injured worker has continuously utilized this medication for an unknown duration. The California MTUS Guidelines do not recommend long term use of muscle relaxants. Therefore, the current request is not medically appropriate.

Ortho Surgeon Referral with The Treating Physician: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, when treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. The injured worker is pending authorization for further Epidural Steroid Injections and a possible spinal cord stimulator implantation. Therefore, the current request is not medically appropriate at this time.