MAXIMUS Federal Services

Case Number:	CM14-0218915		
Date Assigned:	01/22/2015	Date of Injury:	09/21/2001
Decision Date:	03/17/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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: Physical Medicine & Rehabilitation, Pain Management

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 52 year old female, who sustained an industrial injury on 9/21/01. She has reported back pain. The diagnoses have included lumbar radiculopathy, post lumbar laminectomy syndrome, spinal/lumbar degenerative disc disease, L4-5 lumbar fusion, headache, facial pain and mood disorder. Treatment to date has included epidural, octrode placement, medications and laminectomy. (MRI) magnetic resonance imaging was performed 1/06. Currently, the Injured Worker complains pain level increasing since last visit and quality of sleep is decreased. The PR2 dated 11/13/14 revealed limited lumbar spine range of motion, on palpation, paravertebral muscles, spasm and tenderness noted on both sides and tenderness over right trochanter. She states previous epidural injections have resulted in reduction of radiating pain. She continues to experience functional benefit from medications with improved capability for daily household tasks. A report dated January 8, 2015 states that pain is reduced from 8/10 to 6/10 with medications. No side effects reported. Urine Drug Screens performed in 2010 and 2011 were reportedly inconsistent.The note goes on to state that the patient has "no red flags is consistent with medications."Cymbals and topomax help with neuropathic pain from lumbar radiculopathy. The medications alleviate her symptoms. She has failed non-narcotic medications and is using Nucynta which "is working well."The note states that he patient is able to do household tasks due to the medication and has no side effects or red flags. Pain contract is in place. The "Four A's" of opiate prescribing are documented. On 12/2/14 Utilization Review non-certified a Topamax 200 mg # 120 noting the requested information as not been received; Fioricet #30, noting it is not recommended for chronic pain; Nucynta 100mg #120, noting

submitted records indicated the injured worker had been on the medication for a while and the prescription had not been changed; Ambien 10mg #15 noting it is recommended for two to six weeks; Colace 100mg #60 noting it should not be used for acute constipation; Senokot 187mg #60 noting bulk forming laxatives should be avoided in these patients. Non- MTUS, ACOEM Guidelines and ODG were cited. On 12/29/14, the injured worker submitted an application for IMR for review of Fioricet #30 with 1 refill, Topamax 200 mg #120 with 1 refill, Nucynta 100 mg #120, Ambien 10mg #15, Colace 100 mg #60 with 5 refills, Senokot 187mg #60 with 5 refills and Nucynta ER 100mg #60 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet #30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

Decision rationale: Regarding the request for Fioricet, Chronic Pain Medical Treatment Guidelines state that barbiturate containing analgesic agents are not recommended for chronic pain. They go on to state that the potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. As such, the currently requested Fioricet is not medically necessary.

Nucynta 100mg #120 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nucynta, Opioids Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Nucynta, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no side effects or aberrant use, and the patient is noted to undergo regular monitoring. A pain contract has been signed and non-narcotic medication have been previously tried. In light of the above, the currently requested Nucynta is medically necessary.

Ambien 10mg #15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Ambien (zolpidem)

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, Sleep Medication, Insomnia treatment

Decision rationale: Regarding the request for zolpidem (Ambien), California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there is no current description of the patient's insomnia, no discussion regarding what behavioral treatments have been attempted, and no statement indicating how the patient has responded to Ambien treatment. Furthermore, there is no indication that Ambien is being used for short term use as recommended by guidelines. In the absence of such documentation, the currently requested zolpidem (Ambien) is not medically necessary.

Colace 100mg #60 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McKay SL, Fravel M, Scanlon C. Management of Constipation. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core; 2009 Oct. 51 p

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioid Induced Constipation Treatment

Decision rationale: Regarding the request for Colace, California MTUS does not contain criteria regarding constipation treatment. ODG states that opioid induced constipation is recommended to be treated by physical activity, maintaining appropriate hydration, and following a diet rich in fiber. Over-the-counter medication such as stool softener's may be used as well. Second line treatments include prescription medications. Within the documentation available for review, there are no recent subjective complaints of constipation. There is no statement indicating whether the patient has tried adequate hydration, well-balanced diet, and activity to reduce the complaints of constipation should they exist. Additionally, there is no documentation indicating how the patient has responded to treatment with lactulose. In the absence of such documentation, the currently requested Colaceis not medically necessary.

Senokot 187mg #60 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McKay SL, Fravel M, Scanlon C. Management

of Constipation. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core; 2009 Oct. 51 p

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioid Induced Constipation Treatment

Decision rationale: Regarding the request for Senokot, California MTUS does not contain criteria regarding constipation treatment. ODG states that opioid induced constipation is recommended to be treated by physical activity, maintaining appropriate hydration, and following a diet rich in fiber. Over-the-counter medication such as stool softener's may be used as well. Second line treatments include prescription medications. Within the documentation available for review, there are no recent subjective complaints of constipation. There is no statement indicating whether the patient has tried adequate hydration, well-balanced diet, and activity to reduce the complaints of constipation should they exist. Additionally, there is no documentation indicating how the patient has responded to treatment with Senna. In the absence of such documentation, the currently requested Senokot is not medically necessary.

Nucynta ER 100mg #60 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nucynta, Opioids Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Nucynta ER, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no side effects or aberrant use, and the patient is noted to undergo regular monitoring. A pain contract has been signed and non-narcotic medication have been previously tried. In light of the above, the currently requested Nucynta ER is medically necessary.