MAXIMUS Federal Services

Case Number:	CM15-0010559		
Date Assigned:	01/28/2015	Date of Injury:	04/20/1992
Decision Date:	03/24/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/20/2015

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

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 50 year old female, who sustained an industrial injury on April 20, 1992. The injured worker has reported bilateral wrist injuries. The diagnoses have included bilateral carpal tunnel syndrome, chronic neuropathic pain of the bilateral upper extremities, status post rotator cuff repair, status post multiple surgeries and bilateral ulnar neuropathy. Treatment to date has included pain medication, diagnostic testing, acupuncture, back surgery, drug screening, right elbow surgery and multiple wrist surgeries. Current documentation dated December 10, 2104 notes that the injured worker reported pain and numbness of the right hand, especially the thump. The pain was rated a seven out of ten on the Visual Analogue Scale. The injured worker was able to perform activities of daily living with the current pain management. Physical examination of the right elbow revealed a decreased sensory of the right hand and a mild decreased grip. Right should examination revealed tenderness and impingement signs. On December 19, 2014 Utilization Review non-certified a request for Nucynta 100 mg # 180 and Trazadone 50 mg #180 and modified a request for Klonopin 1 mg # 60. The MTUS, Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, were cited. On January 20, 2015, the injured worker submitted an application for IMR for review Nucynta 100 mg # 180, Trazadone 50 mg #180 and for Klonopin 1 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 1mg quantity 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepine Page(s): 24. Decision based on Non-MTUS Citation chapter 'Pain (chronic)' and topic 'Benzodiazepine'

Decision rationale: The 50 year old patient presents with pain in bilateral upper extremities, rated at 7/10, along with paresthesia, as per progress report dated 12/10/14. The request is for KLONOPIN 1 mg QUANTITY 60.00. There is no RFA for this case, and the patient's date of injury is 04/20/92. The patient is status post back surgery, date and type of surgery are not mentioned, as per progress report dated 12/10/14. The patient is also status post surgical repair of the rotator cuff and status post multiple bilateral carpal tunnel surgeries. She has been diagnosed with bilateral carpal tunnel syndrome, chronic neuropathic pain at bilateral upper extremities, and bilateral ulnar neuropathy. Medications, as per the same progress report, include Dilaudid, Klonopin, Nucynta, Trazodone and Ultram. The patient is medically retired, and has been advised to continue treatment to maintain the permanent and stationary status, as per progress report dated 12/10/14. ODG guidelines, chapter 'Pain (chronic)' and topic 'Benzodiazepine', have the following regarding insomnia treatments: "Not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks." The MTUS Guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence."In this case, a prescription for Klonopin was first noted in progress report dated 07/25/14, and the patient has been using the medication consistently at least since then. In progress report dated 11/13/14, the treater states that the Klonopin is for "anxiety and muscle spasms." ODG guidelines, however, recommend Klonopin for insomnia and the patient has not been diagnosed with the condition. In fact, none of the reports document any sleep issues. Additionally, the patient has been using the medication for several months. Both MTUS and ODG guidelines do not support the long-term use of Klonopin. Hence, the request is not medically necessary.

Nucynta 100mg quantity 180.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88-89.

Decision rationale: The 50 year old patient presents with pain in bilateral upper extremities, rated at 7/10, along with paresthesia, as per progress report dated 12/10/14. The request is for Nucynta 100 mg quantity: 180.00. There is no RFA for this case, and the patient's date of injury is 04/20/92. The patient is status post back surgery, date and type of surgery are not

mentioned, as per progress report dated 12/10/14. The patient is also status post surgical repair of the rotator cuff and status post multiple bilateral carpal tunnel surgeries. She has been diagnosed with bilateral carpal tunnel syndrome, chronic neuropathic pain at bilateral upper extremities, and bilateral ulnar neuropathy. Medications, as per the same progress report, include Dilaudid, Klonopin, Nucynta, Trazodone and Ultram. The patient is medically retired, and the patient has been advised to continue treatment to maintain the permanent and stationary status, as per progress report dated 12/10/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief.In this case, a prescription for Nucynta is first noted in progress report dated 07/25/14, and the patient has been taking the medication consistently at least since then. The patient has also been using Ultram (another opioid) during this time. In progress report dated 11/13/14, the treater describes the patient's current pain level at 7/10, and states that analgesia is "manageable for the UEs." In progress report dated 12/10/14, the patient states that there is "no change with the pain pattern." In the 11/13/14 report, the treater also states that "she is independent for ADLs. She functions at her baseline." The report denies any aberrant behavior or adverse side effects. The patient has undergone urine toxicology screening at regular intervals. A UDS report dated 09/20/14 was consistent for opioid use. Another sample was collected on 12/10/14. The results of this test are not available for review. Although the treater does address the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, to some extent, the progress reports do not document a measurable reduction in pain, as indicated by a change in the pain scale. Additionally, the treater does not use a validated scale to demonstrate a measurable increase in function due to opioid use. The reports lack information required to make a determination based on MTUS. Hence, the request is not medically necessary.

Trazodone 50mg quantity 180.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness & Stress

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation stress/mental chapter,Trazodone

Decision rationale: The 50 year old patient presents with pain in bilateral upper extremities, rated at 7/10, along with paresthesia, as per progress report dated 12/10/14. The request is for Trazodone 50 mg quantity 180.00. There is no RFA for this case, and the patient's date of injury is 04/20/92. The patient is status post back surgery,date and type of surgery are not mentioned, as per progress report dated 12/10/14. The patient is also status post surgical repair of the rotator cuff and status post multiple bilateral carpal tunnel surgeries. She has been diagnosed with bilateral carpal tunnel syndrome, chronic neuropathic pain at bilateral upper extremities, and bilateral ulnar neuropathy. Medications, as per the same progress report, include Dilaudid, Klonopin, Nucynta, Trazodone and Ultram. The patient is medically retired, and the patient has been advised to continue treatment to maintain the permanent and stationary status, as

per progress report dated 12/10/14. ODG Guidelines, stress/mental chapter, for Trazodone, has the following to say "Recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. See also Insomnia treatment, where it says there is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression."In this case, a prescription for Trazodone is first noted in progress report dated 07/25/14, and the patient has been taking the medication consistently at least since then. However, none of the progress reports document the patient's insomnia. There is no diagnosis of a coexisting psychological condition such as depression. ODG guidelines allow the use of Trazodone only in patients with sleep disturbances and coexisting depression. Hence, this request is not medically necessary.