

Case Number:	CM15-0011989		
Date Assigned:	01/29/2015	Date of Injury:	02/27/2013
Decision Date:	03/25/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/21/2015

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 57 year old female who sustained an industrial injury reported on 2/27/2013. She has reported whole spine pain. The diagnoses have included moderate to severe lumbosacral degenerative disc disease with end-plate changes; and diffuse lumbosacral facet spondylosis and narrowing; cervical radiculitis; and sacrolitis. Treatments to date have included consultations; diagnostic laboratory and imaging studies; left wrist arthrogram (10/15/13); heat/ice therapy; transcutaneous electrical stimulation unit; physical therapy; and medication management. The work status classification for this injured worker (IW) was noted to be temporarily totally disabled and not working. On 12/26/2014 Utilization Review (UR) modified, for medical necessity, the request, made on 12/16/2014, for Nucynta 120mg #100 - to #75, and Restoril 30mg #30 - to #20. The Medical Treatment Utilization Schedule, chronic pain treatment guidelines. Opioids and benzodiazepines; The Official Disability Guidelines formulary, lumbar spine; and the American College of Occupational and Environmental Medicine, chapter 12, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 75mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient was injured on 02/27/13 and presents with pain/numbness in her right hand. The request is for NUCYNTA 75 MG #120. The RFA is dated 12/16/14 and the patient is temporary totally disabled and is not currently working. The patient has been taking this medication as early as 10/07/14. 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 4A's (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. The 10/07/14 report states that "Nucynta helps control her pain but does not hold all day." She states that all of her ADLs remain about the same walk, dress, shower, drive, and household chores, she can only do these for short periods of time. She rates her spine pain as a 7/10, her right hand pain as a 5/10, and her left wrist pain as a 5/10. Although there are pain scales and a discussion on ADLs provided, there is no documentation that the patient is improved. No before and after pain scales are provided and the patient's ADL's are about the same. The treater does not explain why Nucynta is being continued when it has not been helpful. There is no opiate management issues discussed such as CURES report, pain contract, either. In addition, urine drug screen to monitor for medicine compliance are not addressed. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Nucynta IS NOT medically necessary.

Restoril 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
benzodiazepine Page(s): 24.

Decision rationale: The patient was injured on 02/27/13 and presents with pain/numbness in her right hand. The request is for NUCYNTA 75 MG #120. The RFA is dated 12/16/14 and the patient is temporary totally disabled and is not currently working. The patient has been taking this medication as early as 10/07/14. 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." ODG guidelines have the following regarding insomnia treatments:
"Benzodiazepines: temazepam (Restoril) is FDA-approved for sleep-onset insomnia. These medications are only recommended for short-term use due to risk of tolerance, dependence, and adverse events. Particular concern is noted for patients at risk for abuse or addiction. Benzodiazepines are similar in efficacy to benzodiazepine-receptor agonists; however, the less desirable side-effect profile limits their use as a first-line agent, particularly for long-term use."

The 10/07/14 report states that the patient has "difficulty with sleep." Regarding Restoril, MTUS guidelines indicate that "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." Review of the reports provided shows that the patient has been taking Restoril since 10/07/14 which is a long-term use and is not indicated by MTUS guidelines. Therefore, the requested Restoril IS NOT medically necessary.

Lumbar Facet Blocks Median Branch Bilateral L4, L5, S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Low Back Chapter- Lumbar & Thoracic, Section Facet Joint Medial Branch Block (Therapeutic Injections)

Decision rationale: The patient was injured on 02/27/13 and presents with pain/numbness in her right hand and "whole spine pain." The location of this pain is not indicated. The request is for LUMBAR FACET BLOCKS MEDIAN BRANCH BILATERAL L4, L5, S1. The utilization review determination rationale is that "there were no physical therapy notes" no documentation of HEP no documentation of core truncal strengthening no recent physical examination. The RFA is dated 12/18/14 and the patient is temporary totally disabled and is not currently working. The patient has been taking this medication as early as 10/07/14. Review of the reports provided does not indicate if the patient had a prior lumbar facet block. The ACOEM guidelines page 300-301 do not support facet injections for treatment but does discuss dorsal medial branch blocks as well as radiofrequency ablations. ODG guidelines on the Low Back Chapter- Lumbar & Thoracic, Section Facet Joint Medial Branch Block (Therapeutic Injections) also support facet diagnostic evaluations for patients presenting with paravertebral tenderness with non-radicular symptoms, negative SLR and sensory examination. No more than 2 levels bilaterally are recommended. The 12/16/14 report says that the patient "has undergone physical therapy, heat treatment, ice treatment, massage therapy, TENS." There is tenderness to palpation over the right/left lumbar facets as well as spasm over the right/left paravertebral lumbar spine. The 01/13/14 MRI of the lumbar spine revealed the following: 1. mild lumbar hyperlordosis 2. 3 mm disc protrusion at L3-4 with mild central and bilateral foraminal narrowing 3. 3 mm disc protrusion at L4-5 with slightly more prominent 3. 5-4 mm right foraminal component 4. 7-8 mm broad-based protrusion accentuated to the right at L5-S1. Severe facet arthrosis and degenerative spondylothesis. Moderately severe to severe bilateral foraminal stenosis, greater on the right. It does not appear as though the patient had any previous facet injections to the lumbar spine. In this case, the patient does not present with localized lateralized pain or with facet joint tenderness as required by ODG guidelines. Therefore, the requested lumbar facet block IS NOT medically necessary.