

Case Number:	CM15-0110678		
Date Assigned:	06/17/2015	Date of Injury:	08/11/2001
Decision Date:	08/14/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/09/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 8/11/01. She reported initial complaints of back injury. The injured worker was diagnosed as having chronic low back pain; fibromyalgia; numbness and tingling; insomnia from pain; constipation from medications. Treatment to date has included status post lumbar fusion at L4-5 and L5-S1 (2005); acupuncture. Diagnostics included MRI lumbar spine (7/10/13). Currently, the PR-2 notes dated 1/8/15 indicated the injured worker complains of chronic shoulder, arm, low back and leg pain secondary to a lumbar post fusion pain and fibromyalgia. She states she is doing well and continues to have daily moderate occasionally severe pain but with the combo of gualfenisen, diet, modalities, and exercise program, she is able to cope with it with minimal narcotics. She completed acupuncture in December with good improvement in her low back but fibromyalgia was not treated because the diagnosis was not specifically on the authorization. Her pain levels are rated as 4-5/10 with medications. Depression only 3/10 and she does home exercise resistance training and treadmill. Her lumbar spine MRI dated 7/10/13 is documented by this provider as impression severe disc narrowing at L4-5 and L5-S1 with facet hypertrophy. She has a history of Graves' disease, back surgery at L4-5 and L5-S1 fusion in 2005). His treatment plan is to continue acupuncture. He is also requesting these medications: Carisoprodol tab 350mg #30 (30 day supply); Melatonin tab 3mg #30 (30 day supply); Meloxicam tab 150mg #20 (20 day supply) and Nucynta ER (extended release) tab 50mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol tab 350 mg Qty 30 (30 day supply): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 29, 63.

Decision rationale: The CA MTUS does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. Soma (Carisoprodol) is the muscle relaxant requested in this case. This medication is sedating. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. According to the MTUS guidelines, Soma is categorically not recommended for chronic pain, noting its habituating and abuse potential. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Meloxicam tab 150 mg Qty 20, (20 day supply): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non steroidal anti-inflammatory drugs) Page(s): 67-73.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs.

Decision rationale: Mobic (Meloxicam) is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. The ODG states that NSAIDs are recommended for acute pain, acute low back pain (LBP), short-term pain relief in chronic LBP, and short-term improvement of function in chronic LBP. There is no evidence of long-term effectiveness for pain or function. Guidelines recommend that the lowest effective dose be used for the shortest duration of time consistent with treatment goals. In this case, the patient has been on previous long-term NSAIDs without any documentation of significant improvement. Medical necessity of the requested medication has not been established. The request for this medication is not medically necessary.

Melatonin tab 3 mg Qty 30 (30 day supply): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-to-date.

Decision rationale: Melatonin is a hormone produced in the pineal gland from the amino acid tryptophan and secreted into the blood and cerebrospinal fluid. It conveys signals to distant organs, principally the brain, and affects the synthesis of second messengers and, ultimately, sleep and circadian rhythms. In the US, melatonin falls under the FDA's Dietary Health and Education Act as a "dietary supplement." It is used as a sleep aid and in the treatment of some sleep disorders. In this case, there is no documentation of a diagnosis of insomnia. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

Nucynta ER (extended release) tab 50 mg (Qty unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nucynta Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to ODG and MTUS, Nucynta is a centrally acting opioid analgesic. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no documentation of significant pain relief or increased function from the opioids used to date. In addition, there is no documentation of a urine drug screen program. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.