

Case Number:	CM15-0113752		
Date Assigned:	06/22/2015	Date of Injury:	05/31/2011
Decision Date:	10/06/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/12/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 31, 2011. In a Utilization Review report dated May 25, 2015, the claims administrator failed to approve requests for Nucynta extended release, baclofen, Lyrica, Sonata, Percocet, Celebrex, Nucynta immediate release and a topical compounded agent. The claims administrator referenced an RFA form received on May 16, 2015 in its determination. The applicant's attorney subsequently appealed. On an RFA form dated May 16, 2015, Nucynta extended release, baclofen, Lyrica, Percocet, Sonata, Nucynta immediate release, Celebrex, and the topical compounded agent in question were endorsed. In an associated progress note of May 14, 2015, it was acknowledged that the applicant was in fact off of work, on total temporary disability. An average pain score of 8/10 was reported. The applicant's sleep quality was fair. The attending provider contended that the applicant's pain complaints would not be as well controlled without her medications. The applicant's sleep quality was described as poor secondary to ongoing pain complaints. Ancillary complaints of thumb pain were reported. The applicant was on baclofen, Celebrex, Lyrica, Percocet, and Sonata, it was reported in the current medications section of the note. It was stated that the applicant was off of work, on total temporary disability, in multiple sections of the note. The applicant had undergone a total knee arthroplasty procedure, it was reported. The applicant's primary pain generator was the low back, it was stated. The applicant's comorbidities included diabetes, it was acknowledged. Nucynta extended release was continued, as were baclofen, Lyrica, Percocet, and Sonata. Nucynta immediate release was endorsed on a

trial basis. The applicant was also asked to continue Celebrex. The note was very difficult to follow and mingled historical issues with current issues. On April 22, 2015, the applicant was placed off of work, on total temporary disability. On April 16, 2015, it was, once again, acknowledged that the applicant was in fact off of work, on total temporary disability. Nucynta extended release, baclofen, Lyrica, Percocet, Sonata, Celebrex and a topical compounded agent were renewed and/or continued while the applicant was kept off of work. The applicant's sleep quality was, once again, described as poor. The applicant was obese, with a BMI of 35, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 150 mg, sixty count, to be dispensed May 14, June 12, and July 10, 2015:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of Opioids Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Nucynta extended release, a long-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, it was reported on May 14, 2015, April 27, 2015, and April 16, 2015. Pain complaints as high as 8/10 were reported on May 14, 2015, despite ongoing Nucynta extended release usage. The attending provider failed to identify meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Nucynta extended release usage. Therefore, the request was not medically necessary.

Baclofen 20 mg, ninety count, to be dispensed May 14, June 12, and July 10, 2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Baclofen (Lioresal, generic available); Functional Restoration Approach to Chronic Pain Management Page(s): 64; 7.

Decision rationale: Similarly, the request for baclofen, an antispasmodic medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 64 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that baclofen is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injury but can be employed off-label for neuropathic pain, as was seemingly present here in the form of the applicant's ongoing lumbar radicular pain complaints. This recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of

medication" into his choice of recommendations. Here, however, the applicant remained off of work, on total temporary disability, despite ongoing baclofen usage. Ongoing usage of baclofen failed to curtail the applicant's dependence on opioid agents such as Nucynta extended release and Percocet. Pain complaints as high as 8/10 were reported on May 14, 2015, despite ongoing baclofen usage. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

Lyrica 50 mg, sixty count to be dispensed May 14, June 12, and July 10, 2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Pregabalin (Lyrica); Functional Restoration Approach to Chronic Pain Management Page(s): 99; 7.

Decision rationale: Similarly, the request for Lyrica (pregabalin), an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that pregabalin or Lyrica is FDA approved in the treatment of diabetic neuropathy and/or pain associated with postherpetic neuralgia and, by analogy, is indicated in the treatment of neuropathic pain complaints in general, this recommendation is likewise qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant remained off of work, it was reported on multiple office visits, referenced above, including on May 14, 2015, April 27, 2015, and April 16, 2015. Ongoing usage of Lyrica failed to curtail the applicant's dependence on opioid agents such as Nucynta extended release and Percocet. The applicant continued to report pain complaints as high as 8/10, it was acknowledged on May 14, 2015, despite ongoing usage of Lyrica. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

Sonata 10 mg, thirty count to be dispensed May 14, June 12, and July 10, 2015: 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), Head Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Insomnia treatment, Zaleplon (Sonata®).

Decision rationale: Similarly, the request for Sonata, a sleep aid, was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, ODG's Mental Illness and Stress Chapter Insomnia Treatment topic notes that Sonata (zaleplon) is indicated for short-term use purposes, with a controlled trial showing effectiveness up to five weeks. Here, thus, the renewal request for Sonata, in effect, represented chronic and/or long-term usage, i.e., usage in excess of the ODG position on the same. Therefore, the

request was not medically necessary.

Percocet 5/325 mg, ninety count to be dispensed May 14, June 12, and July 10, 2015:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79 - 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for Percocet, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant remained off of work, on total temporary disability, it was reported on May 14, 2015, despite ongoing Percocet usage. Earlier progress notes of April 27, 2015 and April 16, 2015 both suggested that the claimant remained off of work on those dates as well. Pain complaints as high as 8/10 were reported on May 14, 2015, despite ongoing Percocet usage. The attending provider failed to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Percocet usage. Therefore, the request was not medically necessary.

Celebrex 200 mg, sixty count to be dispensed May 14, June 12, and July 10, 2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: Similarly, the request for Celebrex, a COX-2 inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that COX-2 inhibitors such as Celebrex are indicated in applicants who are at heightened risk for development of GI complications, here, however, progress notes of April 16, 2015 and May 14, 2015 were notable for commentary to the effect that the applicant's gastrointestinal review of systems was negative. There was no mention of the applicant's having a history of prior GI bleeding, peptic ulcer disease, reflux, etc., which would have compelled provision of Celebrex in favor of nonselective NSAIDs such as Motrin or Naprosyn. Therefore, the request was not medically necessary.

Trial Nucynta IR 50 mg, ninety count to be dispensed May 14, June 12, and July 10, 2015:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of Opioids Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 4) On-Going Management Page(s): 78.

Decision rationale: Similarly, the request for a trial of Nucynta immediate release, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be prescribed to improved pain and function. Here, however, the attending provider's May 14, 2015 progress note failed to furnish a clear or compelling rationale for concomitant usage of two separate short-acting opioids, Nucynta immediate release and Percocet. Therefore, the request was not medically necessary.

PC 5001, 150 grams to be dispensed May 14, June 12, and July 10, 2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; Topical Analgesics Page(s): 7; 111.

Decision rationale: Similarly, the request for a topical compounded PC5001 agent was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics and topical compounds, as a class, are deemed "largely experimental." Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that an attending provider should be "knowledgeable" regarding prescribing information and should adjust the dosing for the individual applicant. Here, the fact that the attending provider did not state the ingredients in or the exact composition of the compound in question suggested that the attending provider was not, in fact, knowledgeable regarding prescribing information insofar as this particular agent was concerned. Therefore, the request was not medically necessary.