

Case Number:	CM15-0144182		
Date Assigned:	08/05/2015	Date of Injury:	08/30/2010
Decision Date:	12/07/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	07/25/2015

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, Arizona, Maryland
Certification(s)/Specialty: Psychiatry

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 56 year old male, who sustained an industrial injury on 8-30-2010. The injured worker was diagnosed as having post-laminectomy syndrome of the lumbar region, thoracic or lumbosacral neuritis or radiculitis, not otherwise specified, mood disorder in conditions classified elsewhere, and anxiety disorder in conditions classified elsewhere. Treatment to date has included diagnostics, lumbar spinal surgery in 2011, mental health treatment, and medications. On 7-16-2015, the injured worker complains of low back pain with radiation to the bilateral legs, rated 9 out of 10. He stated that "medications are helping" and tolerated them well. His pain level was "unchanged since last visit" on 6-18-2015 and quality of sleep was "poor". Function with activities of daily living was not described. Current medication included Nucynta ER 50mg daily, Wellbutrin SR 150mg at bedtime, Diazepam 10mg, Terocin patch 4-4%. Exam of the lumbar spine noted tenderness over the sacroiliac spine and positive straight leg raise on the right. Sensation was decreased over the right medial and lateral calf. Work status was total temporary disability. The use of Nucynta and Diazepam was noted since at least 3-2015 and Terocin since 5-2015. Urine toxicology reports were not submitted. The treatment plan included Nucynta ER 50mg, Diazepam 10mg, and Terocin patch 4-4%, with unspecified frequency, duration, and quantity, non-certified by Utilization Review on 7-24-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 50mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: NUCYNTA is an opioid analgesic indicated for the relief of moderate to severe acute pain in patients 18 years of age or older. Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 As' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals no documentation to support the medical necessity of Nucynta nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.

Diazepam 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: MTUS states Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been Diazepam 10 mg on an ongoing basis for at least 6 months with no documented plan for taper. The guidelines state that the use of benzodiazepines should be limited to 4 weeks. Also, the

request for Diazepam 10 mg does not specify the quantity, frequency of the medication being requested and thus is not medically necessary.

Terocin Patch 4-4%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Terocin is capsaicin, lidocaine, menthol, methyl salicylate, and boswellia serrata. Per MTUS p 112 "Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy." Methyl salicylate may have an indication for chronic pain in this context. Per MTUS p105, "Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004)" However, the other ingredients in Terocin are not indicated. The preponderance of evidence indicates that overall this medication is not medically necessary.