MAXIMUS Federal Services

Case Number:	CM15-0170350		
Date Assigned:	09/10/2015	Date of Injury:	07/06/2011
Decision Date:	10/30/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/28/2015

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, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management

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 41 year old female, who sustained an industrial injury on July 6, 2011, incurring low back injuries. The injured worker had a history of a diagnostic arthroscopy of the right shoulder in September 2009. At the time of her injury, she was diagnosed with lumbar disc disease, lumbar strain, lumbar disc bulging, lumbar facet arthropathy and lumbar radiculopathy. She underwent a lumbar branch block on January 23, 2012, lumbar branch Radiofrequency Ablation on October 24, 2012, lumbar medial branch block on April 24, 2015 and June 5, 2013. Other treatment included pain medications, anti-inflammatory drugs, neuropathic medications, topical analgesic patches, muscle relaxants, transcutaneous electrical stimulation unit, back bracing, steroid injections, epidural steroid injection and activity restrictions. Currently, the injured worker complained of persistent lower back pain rating her pain with medications as 6 on a scale of 1 to 10. Her activity level increased with the use of medications. Her pain without medications was a 10 on a scale of 1 to 10. The treatment plan that was requested for authorization on August 14, 2015, included two prescriptions for Nucynta ER, two prescriptions for Lidoderm patches, two prescriptions for Norco, two prescriptions for Celebrex and two prescriptions for Neurontin. On August 19, 2015, a request for the prescription Nucynta was modified to one prescription refill and a request for Lidoderm patches was modified to one refill. Prescriptions for Norco, Celebrex and Neurontin were non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two prescriptions for Nucynta ER 50mg #30: 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) Pain (chronic) Tapentadol (Nucynta) 2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment, Opioids, screening for risk of addiction (tests), Opioids, specific drug list, Opioids, steps to avoid misuse/addiction, Opioid hyperalgesia, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short-term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatments with NSAID, non-opioid co-analgesics and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, opioid induced hyperalgesia, sedation and adverse interaction with sedative medications. The guidelines require that patient be evaluated for compliance, adverse medication effect, UDS report, CURESS data reports and functional restoration before refill prescriptions of opioids. There is no guidelines support for multiple refills of opioid and sedative medications. The records and request indicate that multiple refills of opioid and other sedative medications were being prescribed. The guidelines recommend that Nucynta be reserved as a second line opioid for patients for intolerant or refractory to first line opioid medications. The criteria for two prescriptions for Nucynta ER 50mg # 30 was not met. The request is not medically necessary.

Two prescriptions for Lidoderm 5% patch 700mg/patch QTY 30: 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): Lidoderm (lidocaine patch), Medications for chronic pain, Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when standard treatment with first line antidepressant and anticonvulsant have failed. The records did not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS. There is no documentation of failure of treatment with first line medications. The criteria for the use of two prescriptions of Lidoderm patch 5% 700mg/patch #30 was not met. The request is not medically necessary.

Two prescriptions for Norco 10-325mg QTY 120: 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): Medications for chronic pain, Opioids for chronic pain, Opioids, long-term assessment, Opioids, screening for risk of addiction (tests), Opioids, steps to avoid misuse/addiction, Opioid hyperalgesia. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short-term treatment of exacerbations of musculoskeletal pain that did not respond to standard treatments with NSAID, non opioid co-analgesics and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, opioid induced hyperalgesia, sedation and adverse interaction with sedative medications. The guidelines require that patient be evaluated for compliance, adverse medication effect, UDS report, CURESS data reports and functional restoration before refill prescriptions of opioids. There is no guidelines support for multiple refills of opioid and sedative medications. The records and request indicate that multiple refills of opioid and other sedative medications were being prescribed. The criteria for two prescriptions for Norco 10/325mg #120 was not met. The request is not medically necessary.

Two prescriptions for Celebrex 100mg QTY 60: 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): Medications for chronic pain, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development of cardiovascular, renal and gastrointestinal complications. The guidelines recommend that Celebrex be utilized as a second line NSAIDs for patients who could not tolerate non-selective NSAIDs because of gastrointestinal complications. The records did not show that the patient failed treatment with first line NSAIDs. There is no documentation of gastrointestinal risk factors or failure of treatment with proton pump inhibitors with significant. The criteria for the use of two prescriptions of Celebrex 100mg #60 was not met. The request is not medically necessary.

Two prescriptions for Neurontin 600mg QTY 90: Overturned

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): Anti-epilepsy drugs (AEDs), Medications for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Anticonvulsants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that anticonvulsant medications can be utilized for the treatment of neuropathic pain and chronic pain syndromes. The chronic utilization of gabapentin can be associated with mood stabilization, opioid sparing effect, analgesia and functional restoration. The records indicate that the patient was compliant with utilization of gabapentin. There is no documentation of adverse medication effect. The criteria for two prescriptions of Neurontin 600mg #90 was met. The request is medically necessary.