

Case Number:	CM15-0171063		
Date Assigned:	09/11/2015	Date of Injury:	08/17/2008
Decision Date:	10/15/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/31/2015

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, Hawaii

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 64 year old female, who sustained an industrial injury on 8-17-08. Initial complaints were not reviewed. The injured worker was diagnosed as having post cervical fusion; chronic neck pain. Treatment to date has included physical therapy; medications. Diagnostics studies included MRI lumbar spine (11-29-10; 1-16-12); MRI cervical spine (11-16-11). Currently, the PR-2 notes dated 7-21-15 indicated the injured worker complains of neck pain. She was last seen in the office on 1-6-15 and since moved to [REDACTED]. She has been trying to get her pain medications there. The provider received her CURES report and it does not have any of her medications. She reports they were giving her extended release Nucynta, however, it was not working and she has thrown those away. He is taking this history plus in good faith the reviewed CURES report and that she is getting nothing from anyone else. She was told by this provider to stop taking Soma, She reports the Zanaflex was not helping and therefore it is changed to Flexeril 10mg twice a day now. In addition, she has been taking Edular at bedtime for sleep. On physical examination, the provider documents the neck reveals 70 degrees flexion and extension. There is positive head compression. Deltoid and Biceps are noted as 5 over 5 with wrist flexors and extensors the same 5 out of 5. She has a history of surgical intervention noted as an Anterior Interbody Fusion at C5-C7 with allograft 5-29-09 and then Removal of Hardware, Exploration of Fusion Mass with Augmentation of the Fusion at L3-4, L4-5 and L5-S1 (7-26- 10). The treatment plan included the medications change as noted above and pain management. A Request for Authorization is dated 8-26-15. A Utilization Review letter is dated 8-14-15 and non-certification was for Nucynta 100 mg #150 due to it "is no longer beneficial to the injured worker. Based upon the currently available information, the medical necessity for

continued Nucrynta 100mg has not been established." Edular 10 mg #30 was modified for a quantity of #25 due to it is "for short-term use only-is not recommended as first line treatment." This medication was authorized: Flexeril 10 mg #30. The provider is requesting authorization of Nucynta 100 mg #150 and Edular 10 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 100 mg #150: 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, criteria for use.

Decision rationale: The patient presents with diagnoses include post-cervical fusion, chronic neck pain. Currently the patient complains of neck pain. The patient has moved out of state and has not been seen since 1/6/15 due to the move out of state. The CURES report is noted in the clinical history and is consistent with the patient's history in that it does not have any of her medications. The current request is for Nucynta 100 mg #150. Nucynta (tapentadol) is an opioid pain medication. The treating physician states in the treating report dated 7/21/15 (30b), "Treatment Plan: Nucynta, 100 mg. five times a day prn." For chronic opiate use, 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 4As (analgesia, ADLs, adverse side effects, and aberrant 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. In this case, the treating physician states in the treating report dated 7/21/15 (29b), "She says they were giving her extended release Nucynta, however, it was not working. She has thrown those away." Additionally, there is no discussion regarding analgesia, ADLs, adverse side effects or aberrant behaviors. Finally, there is no documentation of a 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. MTUS guidelines require much more thorough documentation for ongoing opioid usage. The patient should be slowly weaned per MTUS Guidelines. The current request is not medically necessary.

Edular 10 mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Chronic Pain, Zolpidem.

Decision rationale: The patient presents with diagnoses include post-cervical fusion, chronic neck pain. Currently the patient complains of neck pain. The patient has moved out of state and has not been seen since 1/6/15 due to the move out of state. The CURES report is noted in the clinical history and is consistent with the patient's history in that it does not have any of her

medications. The current request is for Edular 10 mg #30. Edular (zolpidem) is a sedative. The treating physician states in the treating report dated 7/21/15 (30b), "Treatment Plan: Edular, 10 mg. hs prn sleep." Edular (Zolpidem) is not addressed in the MTUS guidelines. ODGs state that Zolpidem is approved for the short-term (7-10 days) for treatment of insomnia. In this case, the clinical history is extremely limited but it appears the patient has been taking Zolpidem since at least 8/19/14 (14b). Additionally, there is no documentation to support insomnia. Given the guidelines outline the use of Edular for short-term treatment of insomnia the request treatment is not consistent with ODG. The current request is not medically necessary.