

Case Number:	CM15-0178462		
Date Assigned:	09/18/2015	Date of Injury:	03/21/2003
Decision Date:	11/16/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/10/2015

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: Internal 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:

This is a 51-year-old female worker who was injured on 3-21-2003. The medical records indicated the injured worker (IW) was treated for cervical radiculopathy; lumbar disc degeneration; chronic pain, other; lumbar facet arthropathy; lumbar radiculopathy; right knee pain; status post right knee surgery; status post open reduction internal fixation; annular tear; anxiety; depression; and headaches, migraine unspecified. Progress notes (6-1-15 and 7-27-15), stated the IW had complaints of radiating neck pain, radiating low back pain and lower extremity pain. Pain rating with medications was 6 to 7 out of 10 and without medications, 7 to 8 out of 10; pain relief lasted six hours. Her pain was worse than at the last office visit. She had limitations on performance of self-care and hygiene, activity, ambulation and sleep, which she rated as 7 out of 10 pain interference with activities of daily living. She reported 50% to 80% improvement in pain and function after the cervical epidural steroid injections (CESI) on 7-11-14 and 6-26-15. Medications were Nucynta ER (since at least 1-26-15), Ambien (since at least 1-26-15), Ibuprofen, Lyrica (since at least 1-26-15) and Tylenol #4. She was not working. On physical examination (6-1-15 and 7-27-15) tenderness and spasms were present in the cervical and lumbar paraspinal muscles and range of motion was limited. Trigger points were noted in the bilateral trapezius and rhomboid muscles. Sensory deficits were detected in the C4-6 and L4-S1 dermatomes, bilaterally. The right hip was also tender to palpation. She had knee and hip injections in the past and cervical epidural steroid injections, which helped temporarily; knee surgery; physical therapy and pool therapy, which did not provide relief; and trigger point injections, which were slightly helpful. A urine drug screen report dated 3-16-15 was

inconsistent with prescribed medications. A Request for Authorization was received for Nucynta ER 100mg, #60 with 1 refill, Ambien 10mg, #30 with 1 refill, Lyrica 75mg, #60 with 1 refill, bilateral L4-5 lumbar epidural steroid injection under fluoroscopy and one urine drug screen. The Utilization Review on 8-13-15 modified the request for Nucynta ER 100mg, #60 with 1 refill to allow #45 with no refills; modified the request for Lyrica 75mg, #60 with 1 refill to allow #60 with no refills for tapering; and non-certified the request for Ambien 10mg, #30 with 1 refill, bilateral L4-5 lumbar epidural steroid injection under fluoroscopy and one urine drug screen, because CA MTUS Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines (ODG) were not met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 100mg #60 with 1 refill: 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): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Tapentadol (Nucynta).

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. Nucynta (Tapentadol) a centrally acting oral analgesic that is a Schedule II controlled substance. MTUS does not address Nucynta directly. This medication has the same pain-relieving benefits of Oxycodone IR, as well as the same risks that come with any opioid, but shows a significant improvement in gastrointestinal tolerability compared with oxycodone. ODG recommends Nucynta as a second-line choice. The injured worker has chronic pain and is noted to be prescribed Tylenol with Codeine in addition to Nucynta. Documentation fails to demonstrate adequate objective improvement in level of function or pain, to support the medical necessity for continued use of opioids. In the absence of significant response to treatment, the request for Nucynta ER 100mg #60 with 1 refill is not medically necessary.

Ambien 10mg #30 with 1 refill: Upheld

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

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

Decision rationale: MTUS does not address this request. Ambien (Zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, used for treatment of insomnia. Per guidelines, hypnotics are not recommended for long-term use and should be limited to three weeks maximum in the first two months of injury only. Use in the chronic phase is discouraged. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. Documentation provided shows that the injured worker has been prescribed Ambien for a period longer than recommended by guidelines with no significant functional improvement. The request for Ambien 10mg #30 with 1 refill is not medically necessary.

1 prescription for Lyrica 75mg #60 with 1 refill: Overturned

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

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

Decision rationale: MTUS does not address this request. ODG recommends Lyrica (Pregabalin), an anti-convulsant, for treatment of neuropathic pain conditions and fibromyalgia, but not for acute pain. Lyrica has been FDA approved for the treatment of diabetic neuropathy, Fibromyalgia and post-herpetic neuralgia. It has also been approved for neuropathic pain associated with spinal cord injury. The injured worker complains of chronic radicular neck and low back pain. Of note, there is still the opportunity to maximize the dose of this medication. The recommendation for ongoing use of Lyrica is reasonable and clinically appropriate, especially being that the continued use of Nucynta has not been approved. The request for 1 prescription for Lyrica 75mg #60 with 1 refill is medically necessary per guidelines.

1 Bilateral L4-5 Lumbar Epidural Injection under Fluoroscopy: 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): Epidural steroid injections (ESIs).

Decision rationale: MTUS recommends Epidural steroid injections (ESIs) as an option for short-term treatment of radicular pain, in conjunction with other rehabilitation efforts, including continuing a home exercise program. The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit.

Per MTUS, radiculopathy must be documented by physical examination and corroborated by imaging. No more than 2 Epidural steroid injections are recommended per current guidelines. A second epidural injection may be performed if there is partial success produced with the first injection, based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. The injured worker complains of chronic radicular low back pain. Physician report indicates that previous Epidural injection has been performed with benefit. Documentation reviewed however fails to show demonstrable improvement in pain and function, and there is no evidence of a prescribed home exercise program in conjunction with the request epidural steroid injection. The request for 1 Bilateral L4-5 Lumbar Epidural Injection under Fluoroscopy is not medically necessary by MTUS.

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, differentiation: dependence & addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids, Urine drug tests.

Decision rationale: MTUS recommends screening patients to differentiate between dependence and addiction to opioids. Frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Random collection is recommended. Quantitative urine drug testing is not recommended for verifying compliance without evidence of necessity. Documentation does not support that the injured worker is at high risk of addiction or aberrant behavior to establish the medical necessity for more frequent urine drug testing. With guidelines not being met, the request for Urine Drug Screen is not medically necessary.