

Case Number:	CM15-0027866		
Date Assigned:	02/20/2015	Date of Injury:	01/30/2007
Decision Date:	06/02/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/13/2015

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

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 41 year old male, who sustained an industrial injury on Jan 30, 2007. He has reported injury of both lower extremities. The mechanism of injury was noted to be a co-worker was handing off a beam and it fell landing on the injured worker's right shoulder compressing him downward with his feet compressed against a ladder. The diagnoses have included plantar fibromatosis and bilateral tarsal tunnel. Treatment to date has included bilateral tarsal tunnel surgery, medications, and radiological imaging. Currently, the documentation of 11/26/2014 revealed the injured worker had complaints of bilateral knee and ankle pain with burning in the lower extremities. He reports a 50% pain reduction with medications and 50% functional improvement with the use of the medications. He rates his pain level as 5/10 with medications, and 10/10 without medications. The blood pressure was 122/72. Physical findings reveal he uses a cane for ambulation, wears knee and ankle braces for support on both lower extremities. He is noted to have crepitus bilaterally, and range of motion was found to be full. On February 5, 2015, Utilization Review non-certified Norco 10/325 mg, #180, and Clonidine 0.1 mg, #60, and Ambien 10 mg, #30, and Nuvigil 250 mg, #30, and Latuda 20 mg, #30; and modified certification of Nucynta ER 200 mg, #48. The MTUS and ODG guidelines were cited. On February 10, 2015, the injured worker submitted an application for IMR for review of Nucynta ER 200 mg, #60, and Norco 10/325 mg, #180, and Clonidine 0.1 mg, #60, and Ambien 10 mg, #30, and Nuvigil 250 mg, #30, and Latuda 20 mg, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Nucynta ER 200mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60,78,86.

Decision rationale: The California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The cumulative dosing of all opiates would be 206.8 mg. This would exceed guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. The documentation indicated the injured worker was being monitored for aberrant drug behavior and side effects, and there was documentation of objective functional improvement as well as an objective decrease in pain. However, as the frequency was not provided and the daily morphine equivalent dosing exceeds guideline recommendations, the request for 1 prescription of Nucynta ER 200mg #60 is not medically necessary.

1 prescription of Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60,78,86.

Decision rationale: The California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The cumulative dosing of all opiates would be 206.8 mg. This would exceed guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. The documentation indicated the injured worker was being monitored for aberrant drug behavior and side effects, and there was documentation of objective functional improvement as well as an objective decrease in pain. However, as the frequency was not provided and the daily morphine equivalent dosing exceeds guideline recommendations, the request for 1 prescription of Norco 10/325mg #180 is not medically necessary.

1 prescription of Clonidine 0.1mg #60: Upheld

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

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

Decision rationale: The Official Disability Guidelines indicate that hypertension treatment is recommended. It is recommended after lifestyle, including diet and exercise, modifications. The first line choice is renin angiotensin aldosterone system blockers. The clinical documentation submitted for review failed to provide the rationale for the use of clonidine. The injured workers blood pressure on examination was 122/72. The request as submitted failed to indicate the frequency for the requested medication. Given the above and the lack of documentation, the request for 1 prescription of clonidine 0.1mg #60 is not medically necessary.

1 prescription of Ambien 10mg #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, Mental Illness & Stress.

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, Zolpidem.

Decision rationale: The Official Disability Guidelines indicate Zolpidem (Ambien) is appropriate for the short-term treatment of insomnia, 7 to 10 days. The clinical documentation submitted for review failed to provide documentation of an inability to sleep. The duration of use could not be established. The request for 30 tablets of Ambien would be excessive. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 1 prescription of Ambien 10mg #30 is not medically necessary.

1 prescription of Nuvigil 250mg #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, Pain (Chronic).

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, Nuvigil.

Decision rationale: The Official Disability Guidelines do not recommend the use of Nuvigil to counteract the sedation effects of narcotics. The clinical documentation submitted for review indicated the request was made to combat sedative effects of opiates. This request would not be supported. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 1 prescription of Nuvigil 250mg #30 is not medically necessary.

1 prescription of Latuda 20mg #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, Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/latuda.html.

Decision rationale: Per Drugs.com, "Latuda is utilized to treat schizophrenia in adults and to treat depressive episodes associated with bipolar 1 disorder, alone or with lithium or valproate." The clinical documentation submitted for review failed to provide the rationale for the request. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 1 prescription of Latuda 20mg #30 is not medically necessary.