

Case Number:	CM15-0066500		
Date Assigned:	04/14/2015	Date of Injury:	05/14/2004
Decision Date:	05/14/2015	UR Denial Date:	03/07/2015
Priority:	Standard	Application Received:	04/07/2015

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, Illinois
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 51 year old male who sustained an industrial injury on 05/14/2004. Current diagnoses include lumbar sprain/strain, degenerative disc disease with radicular symptoms, and insomnia due to pain. Previous treatments included medication management and home exercise program. Previous diagnostic studies included an MRI. Report dated 02/23/2015 noted that the injured worker presented with complaints that included stabbing back pain which shoots into his right hip, and burning sensation in the leg. Pain level was rated as 4 out of 10 on the visual analog scale (VAS) with medications. Physical examination was positive for abnormal findings. The treatment plan included refilled Nucynta IR for pain, Ambien for insomnia due to pain, and Naprosyn for inflammation, and reviewed back exercises. The physician noted that the medications keep the injured worker functional. Disputed treatments include Nucynta IR and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta IR 100 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Tapentadol (Nucynta).

Decision rationale: The injured worker sustained a work related injury on to 05/14/2004. The medical records provided indicate the diagnosis of lumbar sprain/strain, degenerative disc disease with radicular symptoms, and insomnia due to pain. Previous treatments included medication management and home exercise program. The medical records provided for review do not indicate a medical necessity for Nucynta IR 100 MG #60. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The records indicate the injured worker has been taking various types of opioid medication since 2004; although the pain improves with medication, the severity appears to have increased above the baseline, the injured worker is not working, there is no overall improvement in function, the injured worker is not well monitored for pain control, and adverse effects. The Official Disability Guidelines states that Nucynta (tapentadol), an opioid, is recommended only as second line therapy for patients who develop intolerable adverse effects with first line opioids. Therefore the request is not medically necessary.

Ambien 10 MG #30: 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) Mental Illness & Stress Zolpidem (Ambien).

Decision rationale: The injured worker sustained a work related injury on to 05/14/2004. The medical records provided indicate the diagnosis of lumbar sprain/strain, degenerative disc disease with radicular symptoms, and insomnia due to pain. Previous treatments included medication management and home exercise program. The medical records provided for review do not indicate a medical necessity for Ambien 10 MG #30. Zolpidem (Ambien) is a sedative hypnotic used for the short term treatment of insomnia. The records indicate the injured worker has been using various kinds of Sleep medications for a long time, including Ambien. The MTUS is silent on the use of this medication, but the Official Disability Guidelines states it should be used for two to six weeks. Due to safety concerns with sleep medicine, the Official Disability recommends that Doctors should look at alternative strategies for treating insomnia such as sleep hygiene. The request is not medically necessary.

