

Case Number:	CM14-0152350		
Date Assigned:	10/08/2014	Date of Injury:	10/21/2009
Decision Date:	11/07/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/18/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 54-year-old male who reported an injury on 10/21/2009. The mechanism of injury was not stated. The current diagnoses include displacement of lumbar disc without myelopathy, lumbago, thoracic/lumbosacral neuritis/radiculitis, muscle spasm, degeneration of lumbar or lumbosacral intervertebral disc, and lumbosacral spondylosis without myelopathy. The injured worker was evaluated on 08/19/2014. Previous conservative treatment is noted to include medication management. The current medication regimen includes Nucynta ER, Robaxin, and Vicodin. The physical examination revealed ongoing baseline low back pain on the right with facet and discogenic pain symptoms. Treatment recommendations included continuation of the current medication regimen. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2mg #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 Official Disability Guidelines (ODG) Chronic Pain Chapter, Insomnia Treatment.

Decision rationale: The Official Disability Guidelines state insomnia treatment is recommended based on etiology. Lunesta has demonstrated reduced sleep latency and sleep maintenance. The injured worker does not maintain a diagnosis of insomnia. Additionally, the injured worker has continuously utilized this medication since 04/2014 without any evidence of functional improvement. There is also no frequency listed in the request. As such, the request of Lunesta 2mg #30 is not medically necessary and appropriate.

Vicodin 5/500mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized this medication since 04/2014 without any evidence of objective functional improvement. Additionally, there is a no frequency listed in the request. As such, the request of Vicodin 5/500mg #60 is not medically necessary and appropriate.

Nucynta ER 100mg #60: 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 Official Disability Guidelines (ODG) Chronic Pain Chapter, Tapentadol (Nucynta).

Decision rationale: The Official Disability Guidelines only recommend Nucynta as a second line option for patients who develop intolerable adverse effects with first line opioids. There is no documentation of a failure to respond to first line treatment. Therefore, the current request cannot be determined as medically appropriate. Additionally, the injured worker has utilized this medication since 04/2014 without any evidence of objective functional improvement. There is also no frequency listed in the request. As such, the request of Nucynta ER 100mg #60 is not medically necessary and appropriate.

Robaxin 750mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use may lead to dependence. The injured worker has utilized this medication since 04/2014 without any evidence of objective functional improvement. The California MTUS Guidelines do not recommend long term use of muscle relaxants. There is also no frequency listed in the request. As such, the request of Robaxin 750mg #60 is not medically necessary and appropriate.