MAXIMUS Federal Services

Case Number:	CM13-0004452		
Date Assigned:	08/07/2013	Date of Injury:	05/15/2006
Decision Date:	02/05/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	07/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 physician 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 patient is a 56-year-old male who reported an injury on 05/15/2006. The patient has been treated for chronic low back, knee, neck and shoulder pain. Documentation dated 06/17 noted that the patient's relevant subjective findings included trouble sleeping, returning pain with spasm within the low back, intermittent neck pain, continued left knee swelling with buckling and giving way and right shoulder pain with loss of motion that was increased when he slept on his right side. The patient's objective findings included lumbar spine/left knee/right shoulder palpable tenderness, orthopedic testing suggestive of left sacroiliac dysfunction, left knee meniscus injury, right shoulder impingement and limited lumbar spine/right shoulder ranges of motion. The treatment as of 06/17/2013 consisted of acupuncture, L4-5 and L5-S1 medial branch anesthetic nerve blocks, chiropractic care, physical therapy, cold therapy, oral medications and multiple surgeries. Medications as of 06/18/2013 were listed as Lortab, gabapentin and cyclobenzaprine. Aside from the 06/18 clinical notes, the only other documentation is several imaging studies performed on 08/12/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lortab 10/500mg: 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): 74-96.

Decision rationale: Regarding the first request for 1 prescription of Lortab 10/500 mg, under the California MTUS, it states that establishing a treatment plan for the use of opioids involves attempting to determine if the pain is nociceptive or neuropathic and also attempting to determine if there are underlying contributing psychological issues. Neuropathic pain may require higher doses of opioids, and opioids are not generally recommended as a first-line therapy for some neuropathic pain. It further states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. The documentation stated that the patient had utilized gabapentin, Lortab and cyclobenzaprine; however, there is no other documentation stating that the patient had utilized any nonopioid analgesics, nor is there documentation of objective measurements pertaining to the efficacy of the prior treatment modalities. Therefore, at this time, the requested service for Lortab 10/500 mg does not meet guideline criteria for the use of opioids. Furthermore, the physician has failed to indicate how many tablets he wishes to have dispensed for the patient.

Neurontin 600mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SPECIFIC ANTI-EPILEPSY DRUGS Page(s): 18-19.

Decision rationale: Regarding the request for Neurontin 600 mg for a total of 60 tablets, under the California MTUS, it states that gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The mechanism of action in this medication appears to be effective in reducing abnormal hypersensitivity, to have anti-anxiety effects and may be beneficial as a sleep aid. However, for specific pain sites, there is limited evidence to show that this medication is effective for postoperative pain, where there is fairly good evidence that the use of gabapentin and gabapentin-like compounds results in decreased opioid consumption. Under the California MTUS, it states that a starting regimen of 300 mg once daily on Day 1, then increasing to 300 mg twice daily on Day 2 and then increasing to 300 mg 3 times a day on Day 3 is appropriate for postherpetic neuralgia. Dosage may be increased as needed up to a total daily dosage of 1800 mg in 3 divided doses. In the case of this patient, it was noted that he had been taking gabapentin since at least 06/2013. However, there was no current clinical documentation indicating that the patient is still taking this medication. Furthermore, in regards to the previous intake of this medication for the use of controlling the patient's pain, there are no objective measurements pertaining to the efficacy while the patient was utilizing it. Furthermore, it is unclear if the patient has continued to use this medication or if he has weaned himself from its use. The previous indication of use did not note the milligrams or total number of tablets that the patient was taking at that time. Therefore, the medical necessity for Neurontin 600 mg is unclear at this time.

Norflex 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASMODICS Page(s): 64-65.

Decision rationale: Regarding the third request for 1 prescription of Norflex 100 mg for a total of 60 tablets, under the California MTUS, it states that orphenadrine is similar to diphenhydramine but has greater anticholinergic effects. This medication has side effects that may limit its use in the elderly. It has been reported in case studies to be abused for euphoria and to have mood elevating effects. The dosing is listed as 100 mg twice a day; combination products are given 3 to 4 times a day. The documentation noted that the patient had previously been taking cyclobenzaprine at an unknown dosage. At this time, the medical necessity for the use of Norflex is unclear. There is no further clinical documentation aside from imaging studies past the 06/17/2013 clinical date. Therefore, it is unclear if the medication had any positive efficacy on the patient's pain reduction. Furthermore, without having objective measurements pertaining to the overall benefit from the use of this medication, the medical necessity for the use of Norflex 100 mg with a total of 60 tablets is unclear. Therefore, without having sufficient clinical documentation indicating the necessity for this medication, the requested service cannot be warranted at this time. As such, the requested service is non-certified.