MAXIMUS Federal Services

Case Number:	CM13-0018170		
Date Assigned:	06/20/2014	Date of Injury:	01/24/2007
Decision Date:	08/14/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	08/29/2013

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 and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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:

This is a patient with a date of injury of 1/24/07. A utilization review determination dated 8/21/13 recommends non-certification of narcotic detox and maintenance program consultation, physical therapy, Gabapentin, and TGHot. It referenced a 7/18/13 medical report identifying right shoulder pain that increases significantly with motion or activity and decreased range of motion of the right arm. She went to USC and was told that surgery was not an option as the chance of improvement was low. Pain was 5/10 with medication and 9/10 without. Recommendations includes the detox program consultation, physical therapy, and multiple medications. 8/28/13 medical report identifies that the patient returns crying, stating that she has been using too much medicine and she wants to be detoxed and she ends up taking too much medication because of anxiety which causes her pain to increase. Her main complaints are headaches, neck pain radiating to the right shoulder and arm, and right hip and buttock pain. Pain is 9/10 with medication and 10/10 without medication. No abnormal exam findings were noted. Urine drug screen from 8/8/13 was said to be positive for Alprazolam, methadone, and Tramadol, and negative for Gabapentin. Recommendations include narcotic detoxification, urine drug screen, Opana ER, Opana IR, Gabapentin, Ativan, and Cidaflex. Methadone and TGHot were discontinued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Narcotic detoxification and maintenance program consultation Quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 42 of 127 Page(s): 42 of 127.

Decision rationale: Regarding the request for a Narcotic detoxification and maintenance program consultation, California Medical Treatment Utilization Schedule (MTUS) supports detoxification for indications including Intolerable side effects, lack of response, aberrant drug behaviors as related to abuse and dependence, refractory comorbid psychiatric illness, or lack of functional improvement. Within the documentation available for review, it appears that detoxification may be appropriate for this patient, but there is no clear rationale identifying failure of attempts at weaning utilizing a slow medication taper prior to consideration for a formal program of detoxification. In the absence of such documentation, the currently requested Narcotic detoxification and maintenance program consultation is not medically necessary.

Physical therapy to right shoulder/arm Quantity: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 98-99 of 127 Physical Medicine Page(s): 98-99 of 127.

Decision rationale: Regarding the request for physical therapy, California Medical Treatment Utilization Schedule (MTUS) cites that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, there is documentation of a longstanding injury, but there is no documentation of specific objective functional improvement from any previous physical therapy sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In light of the above issues, the currently requested additional physical therapy for lumbar spine 12 sessions is not medically necessary.

Gabapentin 500 mg Quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 16-21 of 127 Page(s): 16-21 of 127.

Decision rationale: Regarding the request for Gabapentin, Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should

be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of antiepileptic drugs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. Additionally, there is no discussion regarding side effects from this medication and the urine drug screens suggest that the patient is not regularly utilizing the medication. In light of the above issues, the currently requested Gabapentin is not medically necessary.

TGHot ointment Quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Regarding the request for TGHot, California Medical Treatment Utilization Schedule (MTUS) states that capsaicin is Recommended only as an option in patients who have not responded or are intolerant to other treatments. Gabapentin is not supported by the California MTUS for topical use. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. In light of the above issues, the currently requested TGHot is not medically necessary.