

Case Number:	CM13-0032559		
Date Assigned:	12/11/2013	Date of Injury:	04/27/2004
Decision Date:	06/26/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/08/2013

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, and is licensed to practice in Illinois. 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 62-year-old with a reported date of injury on April 27, 2004. The injured worker complained of pain in the left occipital, suboccipital, paracervical, and scapular areas. The injured worker's range of motion demonstrated as "restricted to the left with rotation and side bending." The injured worker had a negative Spurling's test and "good" strength in the upper extremities. According to the clinical note dated October 14, 2013, the injured worker struggled with chronic pain syndrome since her industrial injury of 2004. The injured worker reported that it was difficult to function without medication. The injured worker's diagnoses included status post cervical fusion and chronic neck pain syndrome. The injured worker's medication regimen included gabapentin, tramadol, naproxen, and Aciphex. The Request for Authorization of gabapentin 600 mg, tramadol 50 mg, naproxen 500 mg, and Aciphex 20 mg was submitted on October 4, 2013. According to the clinical note provided for review, the physician stated that the injured worker has been stable on this combination of medications for one to two years. In addition, the physician stated the combination of medication gives at least 50% pain relief to the injured worker. According to the documentation provided, the injured worker has been on Neurontin 600 mg since 2011 and this completely eradicated the tingling and discomfort that she had in her left arm caused by radiculopathy. Tramadol and Naproxen have also been utilized since March of 2011 and assisted the injured worker's chronic neck pain and headaches. Treatment with Aciphex was requested to prevent stomach discomfort caused by the medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 600MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTI-EPILEPSY DRUGS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs, Specific Anti-Epilepsy Drugs: Gabapentin, (AEDs) Page(s): 18.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, gabapentin has been shown to be effective for diabetic painful neuropathy and post-herpetic neuralgia, and has been considered a first-line treatment for neuropathic pain. There is a lack of objective clinical information provided for review regarding the injured worker's range of motion or functional deficits. In addition, the clinical note stated the injured worker had been utilizing Neurontin since 2011. The documentation lacks documentation of the therapeutic effect related to the use of Neurontin. In addition, the request as submitted failed to provide the frequency and quantity for the use Gabapentin 600 mg. The request for Gabapentin 600 mg is not medically necessary or appropriate.

TRAMADOL 50MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, the ongoing management of opioid utilization should include review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The documentation dated October 14, 2013 stated the injured worker had been utilizing tramadol 50 mg, six tablets per day, since 2011. There is a lack of documentation related to the therapeutic effect of the long term use of tramadol. There is a lack of documentation of objective clinical findings of increased function and quality of life as related to the long term use of tramadol. In addition, the request as submitted failed to provide the frequency for the use of tramadol 50 mg and the quantity. Therefore, the request for tramadol 50 mg is not medically necessary or appropriate.

NAPROSYN 500MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended with caution. All NSAIDs have associated risk of adverse cardiovascular events, including myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. The Chronic Pain Medical Treatment Guidelines recommend naproxen 250 mg to 500 mg by mouth twice daily. The maximum dose on day 1 should not exceed 1250 mg, and 1000 mg on subsequent days. The injured worker has been utilizing naproxen since 2011. There is a lack of documentation related to the therapeutic effect of the use of naproxen. Although, the clinical note dated November 26, 2013, reported that naproxen helps with the chronic neck pain and headaches, there is a lack of documentation as to the injured worker's rated pain before and after medication use. In addition, the request as submitted failed to provide frequency for the use of naproxen and the quantity. Therefore, the request for naproxen 500 mg is not medically necessary or appropriate.

ACIPHEX 20MG: 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 NSAIDs, GI symptoms & Cardiovascular risk Page(s): 68-69.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The documentation provided for review lacks documentation of GI upset or distress. Rationale for the request for Aciphex is to help prevent stomach discomfort caused by the medications. There is a lack of documentation related to complaints or symptoms of gastrointestinal discomfort. In addition, the request as submitted failed to provide frequency for the use of Aciphex and the quantity. Therefore, the request for Aciphex 20 mg is not medically necessary or appropriate.