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| Case Number: | CM13-0035346 | | |
| Date Assigned: | 12/13/2013 | Date of Injury: | 11/03/1994 |
| Decision Date: | 07/28/2014 | UR Denial Date: | 10/08/2013 |
| Priority: | Standard | Application Received: | 10/29/2013 |

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 Internal Medicine, and is licensed to practice in New York. 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 patient is a 72-year-old who sustained an injury on November 3, 1994. The patient was followed for ongoing chronic neck pain following multiple surgical procedures in the cervical spine including fusion from C4 to C6 in 1992 and subsequent C3-4 fusion in 1994. Pain management regimen included Avinza and Norco for pain and cognitive and behavioral therapy. The patient had prior medial branch blocks in 2012 followed by occipital nerve blocks in 2013. There was a urine drug screen report from May 24, 2013 which noted positive findings for Hydrocodone and Morphine. The patient had improvements of activity improvement with activities of daily living utilizing narcotic medications. The patient had low risk for opioid abuse. The patient was recently recommended and approved for further anterior cervical discectomy fusion procedures at C6-7 and possibly L2-3 or C2-3. The last pain management evaluation from November 22, 2013 stated that the revision surgical procedures were planned for November 26, 2013. The patient reported functional benefit with a recent increase of Avinza to 60mg daily. On physical examination there continued to be tenderness to palpation in the cervical facets. Urine drug screen sample was obtained at this visit. The patient was recommended to continue with Avinza at 60mg daily and amitriptyline 50mg daily for the treatment of neck pain and neuropathic pain. The treating provider has requested Avinza 30mg #30, Gabapentin 300mg #120 with 3 refills and Amitriptyline 50mg #30 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Avinza 40 mg, thirty count: Overturned

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): 91 - 97.

Decision rationale: The documentation indicates the enrollee has been treated with Avinza (Morphine sulfate). According to the Chronic Pain Medical Treatment Guidelines, long-acting opioids are seen as an effective method in controlling chronic pain. The treatment of chronic pain with these agents requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been documentation of the medications pain relief effectiveness and clear documentation that she has responded to long-term opioid therapy. According to the Chronic Pain Medical Treatment Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. Urine drug screening is consistent with Avinza use. In addition, the dose has been decreased and still provides significant pain relief. The request for Avinza 40 mg, thirty count, is medically necessary and appropriate.

Gabapentin 300 mg, 120 count with three refills: Overturned

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 Anti-epilepsy Drugs Page(s): 51 - 53.

Decision rationale: According to the documentation she has neuropathic pain based on the diagnosis of cervical disc disease s/p cervical fusion. The medication is part of her medical regimen and according to the Chronic Pain Medical Treatment Guidelines, antiepilepsy medications are a first line treatment for neuropathic pain. A recommended trial period for an adequate trial of gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. The patient has been prescribed the medication and the medical record documents a positive response. The request for Gabapentin 300 mg, 120 count with three refills, is medically necessary and appropriate.

Amitriptyline 50 mg, thirty count with three refills: Overturned

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 Anti-Depressants for Chronic Pain Page(s): 47 - 49.

Decision rationale: The patient was followed for ongoing chronic neck and radicular symptoms following multilevel cervical fusion procedures in 1990s. Given the ongoing neuropathic component of the chronic pain, amitriptyline would have been recommended by guidelines as a first line medication to address these symptoms. The medication is being used to augment the effects of Gabapentin. The request for Amitriptyline 50 mg, thirty count with three refills, is medically necessary and appropriate.