

Case Number:	CM13-0038009		
Date Assigned:	12/18/2013	Date of Injury:	01/02/2001
Decision Date:	01/31/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/24/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 55-year-old female who reported an injury on 01/02/2001. The mechanism of injury was noted to be a slip and fall. The patient's diagnoses are chondromalacia of the patella, traumatic arthritis of the lower leg, and chronic pain syndrome. Her symptoms include back and bilateral knee pain. Her physical exam findings included decreased painful range of motion of the bilateral knees and low back with diffuse tenderness about the paraspinal muscles of the low back. The patient was noted to utilize Norco 5/325 mg to allow her to continue to work and to decrease her pain. The patient stated that the Norco was very effective in allowing her to maintain her current work schedule, allowing for increased walking and being able to sit at her desk for 9 hours per day. The patient stated that without the Norco, she would be unable to sit at the desk for longer than 2 hours. She reported that the medication reduces her pain by about 85% and lasts between 8 to 9 hours with the onset of action around 30 minutes after taking the Norco. Furthermore, the patient has reported no side effects, and all of her urine drug screens have been consistent. It was also stated that the patient had utilized Vistaril 25 mg to help with her continued pain-related insomnia. The patient reported that this medication helps her to fall asleep and stay asleep, and she is able to sleep 8 hours. Without the medication, the patient reported that she only sleeps for 4 hours. In regards to Neurontin, it is noted that this medication has been used for the patient's radicular pain. In regards to the Relafen, in the 09/19/2013 office note, [REDACTED] stated that he agreed with the previous denial of the Relafen because the patient was noted to have increased creatinine and low GFR on her most recent blood work dated 08/22/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5-325 mg # 60/month 2 tabs q.d.: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, Drug Information Handbook, and Clinical Pharmacology

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

Decision rationale: The California MTUS Guidelines state that for the ongoing management of patients taking opioid medications, ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects is required. The pain assessment should include: the patient's current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioids, how long it takes for pain relief, and how long pain relief lasts. Additionally, detailed documentation regarding the 4 A's for ongoing monitoring is required; this includes analgesia, activities of daily living, adverse side effects and aberrant drug-taking behaviors. The patient is noted to be taking Norco 5/325 mg as needed for pain. The detailed documentation required by the guidelines was addressed in her recent office notes. As the documentation does show a detailed pain assessment, including functional status and addresses the 4 A's for ongoing monitoring, the request for Norco is supported. Therefore, the request is certified.

Neurontin 600 mg #60/month 2 tabs q.d.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, Drug Information Handbook, and Clinical Pharmacology

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-17.

Decision rationale: The California MTUS Guidelines state that antiepilepsy drugs (AED) are recommended for neuropathic pain. The guidelines further specify that most randomized controlled trials for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy, with few studies directed at central pain and none for painful radiculopathy. Additionally, the guidelines state that a "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. Patients with a response of less than a 30% reduction may trigger a switch to a different first-line agent or a combination therapy if treatment with a single drug agent fails. The documentation submitted for review stated that the patient had symptoms of neuropathic pain described as radicular pain from her back down to her feet with numbness and tingling on the right side of her knee and thigh as well as in the bilateral feet. However, recent physical exam findings noted only that the patient had decreased painful range of motion of the lumbar spine. Therefore, objective findings do not corroborate the patient's reports of neuropathic pain.

Additionally, the patient's outcome was not documented as required by the guidelines as to whether she has had a 30% or greater reduction of pain with the use of this medication. Without this documentation, continued use of an antiepilepsy drug is not supported. For these reasons, the request is non-certified.

Relafen 500 m # 60/month 2 tabs q.d.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, Drug Information Handbook, and Clinical Pharmacology

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The California MTUS Guidelines state that NSAIDs are recommended as an option for short-term symptomatic relief of chronic low back pain. However, recent documentation stated that [REDACTED] was agreeable with the non-certification of Relafen due to the patient's recent creatinine levels. Therefore, the request is non-certified.

Vistaril 25 mg #30/month 1 tab q.h.s: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, Drug Information Handbook, and Clinical Pharmacology

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental illness & stress, Insomnia treatment

Decision rationale: The Official Disability Guidelines recommend that insomnia treatment be based on the etiology with the medications recommended below. Their recommendations are for benzodiazepines, nonbenzodiazepine sedative hypnotics, melatonin receptor agonists, and sedating antihistamines, primarily over-the-counter medications. The guidelines further state that pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. It further states that the specific component of insomnia should be addressed as either sleep onset, sleep maintenance, sleep quality, and/or next day functioning. Vistaril is noted to be a sedating antihistamine; and it is noted that with these medications, tolerance seems to develop within a few days. It is also noted that pharmacologic treatment of insomnia is not recommended for the long-term without documentation addressing whether the sleep disturbance is related to a psychiatric and/or medical illness. The documentation submitted for review failed to address the patient's sleep disturbance specifically, including previous treatments for sleep and whether a psychiatric consult was indicated. Additionally, sedating antihistamines are not recommended for long-term use as tolerance develops within a few days. Therefore, the request is non-certified.