

Case Number:	CM13-0045651		
Date Assigned:	12/27/2013	Date of Injury:	03/09/2006
Decision Date:	02/27/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/12/2013

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 Interventional Spine, 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 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:

This is a 59 year-old female with a 3/9/06 industrial injury claim. She has been diagnosed with right shoulder impingement syndrome, status post decompression; cervical discogenic pain with negative EMG; medial and lateral epicondylitis right elbow and right cubital tunnel syndrome; and right carpal tunnel syndrome, stenosing tenosynovitis at the A1 pulley right thumb. ■■■■■
■■■■■ 10/4/13 medical report states the Norco was requested for pain, Celebrex was requested for inflammation, Gabapentin was requested for nerve pain, Protonix was requested to buffer the stomach, and Effexor was requested for depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Norco 10/325mg with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88-89.

Decision rationale: The patient presents with neck, right shoulder, right elbow and right wrist pain. On review of the records, the patient has been on Norco since at least 2/4/13. The patient's

pain assessment on 2/4/13 was 5/10 neck and shoulder pain, and 4/10 pain at the elbow and wrist. She was prescribed Norco, Celebrex, and Neurontin. Unfortunately, the 3/4/13, 4/2/13, 6/4/13, 8/6/13 and 10/4/13 reports do not mention a pain assessment, nor do they document improved function or improved quality of life. The MTUS criteria for use of opioids, states that "pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." The requirements for use of opioids have not been met. The request is not certified.

60 Celebrex 200mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chronic Pain Treatment Guidelines.

Decision rationale: The MTUS Chronic pain guidelines discuss anti-inflammatory medications for the lower back and for osteoarthritis in the knees and hips. They do not mention use for epicondylitis. The MTUS/ACOEM guidelines provide a recommendation for oral NSAIDs for lateral or medial epicondylitis. The request is in accordance with MTUS/ACOEM guidelines. As such, the request is certified.

180 Gabapentin 600mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The records show the patient has been prescribed Gabapentin continuously since 2/4/13. There is no discussion of efficacy on this medication. The MTUS anticonvulsants states 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. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. 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 AEDs depends on improved outcomes versus tolerability of adverse effects." It is not known if the medication has provided a good response, or even the moderate response of 30% reduction in pain. The MTUS states if it does not produce a 30% reduction, the physician may consider switching to a different first-line agent or try combination therapy. It also states there should be documentation of pain relief and improvement in function and side effects, and that the continued use of AEDs depends on improved outcomes versus tolerability. There is no reporting of improved outcomes to support the continued use of the AED in this case. Based on the unknown outcomes from the

available records, the continued use of Gabapentin is not in accordance with the MTUS guidelines. The request is not certified.

120 Protonix 20mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: According to the 10/31/12 medical report from [REDACTED], the patient has a history of gastritis and acid reflux. The 10/4/12 report noted the Prilosec was helping with these conditions. The patient was taking Celebrex and Effexor, and has GERD and gastritis. The MTUS states that "the concurrent use of SSRIs and NSAIDs is associated with moderate excess relative risk of serious upper GI events when compared to NSAIDs alone." The patient appears to be at risk for GI events. The MTUS states: "Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary." The use of Protonix, a PPI, appears to be in accordance with the MTUS guidelines. The request is certified.

120 Effexor 75mg is: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The patient is reported to have depression, as well as neuropathic and non-neuropathic pain. MTUS states antidepressants are "recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain," as well as depression. The use of Effexor is in accordance with MTUS guidelines. The request is certified.