

Case Number:	CM13-0048811		
Date Assigned:	04/23/2014	Date of Injury:	07/12/2004
Decision Date:	05/23/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/06/2013

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 Family Medicine and is licensed to practice in North Carolina. 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 39 year-old with a reported date of injury of 07/12/2004. The mechanism of injury was when an individual fell on her when she was assisting the individual into a MRI scanner and sustained injury to her left side, neck and shoulder. The patient diagnoses include upper back and neck myofascial pain syndrome (729.1), facet arthropathy of the lumbar spine (721.3), degenerative disc disease of the lumbar and cervical spine (722.52, 722.4) and chronic pain syndrome (338.4). Treatment for the diagnoses has included surgery, nerve conduction studies with stellate ganglion blocks, oral medication, acupuncture, physical therapy and chiropractic care. The most recent progress notes dated 10/09/2013 indicates the patient reported increased hand and arm pain and the patient stating she was getting worse with time. The patient did subjectively report that her medications were helping her with her pain and allowing for an increased level of function. Physical exam noted tenderness to palpation of the cervical and thoracic spine with spasm in the cervical and trapezius musculature. The range of motion was limited in the cervical spine. A request for Hydrocodone/APAP 10/325 #135 and Gabapentin 600mg #90 was submitted on 10/28/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 10/325MG #135: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-96.

Decision rationale: Concerning the long term use of opioids, the California MTUS states that there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The continued use of opioids is recommended if the patient has returned to work or if the patient has improved functioning and pain. Per the progress notes, this patient has worsening pain along with more difficulty with functions at home. The patient subjectively reports getting worse with time. Based on the progress notes, there is no indication that the patient meets the criteria per the California MTUS for continued chronic opioid use. Therefore, the requested hydrocodone is not medically necessary or appropriate at this time.

GABAPENTIN 600MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDS) Page(s): 16-19.

Decision rationale: Concerning anti-epilepsy drugs, the California MTUS states that they are recommended for neuropathic pain (pain due to nerve damage). There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at post herpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy. In this case, the progress notes indicate an actual increase in the pain scale from 6-7/10 to 8-9/10, and the patient is already on combination therapy. Per the guidelines, the continued use of this medication is not warranted. Therefore, the requested gabapentin is not medically necessary or appropriate at this time.

