

Case Number:	CM13-0057524		
Date Assigned:	12/30/2013	Date of Injury:	11/06/1998
Decision Date:	05/06/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/25/2013

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, has a subspecialty in Pain Management 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 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:

This is a patient with a date of injury of 11/6/98. A utilization review determination dated 10/24/13 recommends non-certification of Zofran, ibuprofen, gabapentin, and a functional capacity evaluation. Percocet was modified from #150 to #112. 9/26/13 medical report identifies needs functional capacity evaluation for assessment due to deteriorating physical state to assess needs. Patient displays moderate risk for opioid abuse and has hypogonadism secondary to opioid use requiring testosterone replacement. Patient experiences pain in the cervical spine area, back, and has intensifying headaches. Patient is also presented with limited ability to perform anything other than the most basic of functional activities. Patient has had his intrathecal pump removed since last seen. Percocet augmented by ibuprofen and gabapentin remain moderately effective for pain, but has been of absolutely no benefit for the continuing and severe esophageal spasms. Zofran continues to provide benefit for severe nausea secondary to medications and improving the patient's appetite. Patient has a history of polysubstance abuse. On exam, there is a slow no antalgic gait and wincing with movement as he rises from a seated position. There is a Limited spinal range of motion. Functional capacity evaluation is requested to quantify the functional limitations. This evaluation will assist with the patient obtaining assistance from his spouse as a paid caretaker. The 4 As were reviewed and the patient was noted to be considered low risk for opioid abuse (although the same report noted a moderate risk). The provider states that "it should be noted that the California Medical Treatment Utilization Schedule (MTUS) guidelines clearly state that functional benefit from chronic use of opioid medication should not only be refilled, but not lowered as well. This is clearly the case with [the patient] as demonstrated in the patient's history."

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF ZOFRAN 4MG, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), PAIN (CHRONIC), ANTIEMETICS (FOR OPIOID NAUSEA)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), PAIN (CHRONIC), ANTIEMETICS (FOR OPIOID NAUSEA)

Decision rationale: Regarding the request for Zofran, California Medical Treatment Utilization Schedule (MTUS) does not address the issue. Official Disability Guidelines (ODG) cites that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use and that, if nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. It is also noted that opioids have been determined to not be medically necessary for this patient. In light of the above issues, the currently requested Zofran is not medically necessary.

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF IBUPROFEN 800MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-69.

Decision rationale: According to the California Medical Treatment Utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines, Non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that ibuprofen is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale) or any objective functional improvement. In the absence of such documentation, the currently requested ibuprofen is not medically necessary.

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF GABAPENTIN 600MG, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS (AEDS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21.

Decision rationale: Regarding the request for gabapentin, California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that 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 anti-epilepsy drugs (AEDs) depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of the numerical rating scale). There is also no documentation of specific objective functional improvement. Additionally, there is no discussion regarding side effects from this medication. In the absence of such documentation, the currently requested gabapentin is not medically necessary.

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF PERCOCET 10/325MG, #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines states: "Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use." Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. The documentation available for review does not provide any indication that the Percocet is improving the patient's function or pain (in terms of percent reduction in pain or reduced numerical rating scale). Opioids should not be discontinued abruptly; however, there is no provision for modification of the current request. In light of the above issues, the currently requested Percocet is not medically necessary.

PROSPECTIVE REQUEST FOR 1 FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM) GUIDELINES, CHAPTER 7, INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12.

Decision rationale: Regarding the request for a functional capacity evaluation, California Medical Treatment Utilization schedule (MTUS) and the American College of Occupational and Environmental Medicine (ACOEM) state that there is no good evidence that functional capacity

evaluations are correlated with a lower frequency of health complaints or injuries. Official Disability Guidelines (ODG) states that the criteria for the use of a functional capacity evaluation includes case management hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, and/or injuries that require detailed exploration of a worker's abilities. Within the documentation available for review, there is note that the functional capacity evaluation is requested to quantify the functional limitations, which will then allow the patient to hopefully obtain assistance from his spouse as a paid caretaker; however, there is no indication that case management has been hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, and/or injuries that require detailed exploration of a worker's abilities. In light of the above issues, the currently requested functional capacity evaluation is not medically necessary.