

Case Number:	CM13-0057812		
Date Assigned:	12/30/2013	Date of Injury:	02/07/2001
Decision Date:	03/19/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/26/2013

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 & 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:

The patient is a 56 year-old female with a date of injury of 02/07/2001. The listed diagnoses per [REDACTED] dated 10/21/2013 are: 1) Low back pain 2) Neck pain 3) Facet Syndrome 4) Cervical radiculopathy 5) Chronic pain According to report dated 10/21/2013 by [REDACTED], the patient presents with cervical and right upper extremity pain. Patient describes pain as persistent and throbbing and 8/10 in severity. Examination reveals patient is "grossly protective of her right upper extremity." Tenderness noted in the anterior aspect of the right shoulder. Right shoulder abduction is 90 degrees and forward flexion is 110 digress. Report goes on to state that patient is clinically consistent with right shoulder adhesive capsulitis. MRI dated 08/20/2013 showed acromioclavicular joint arthritis and low grade partial tearing of the supraspinatus tendon with small high grade tear of the infraspinatus tendon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Hydrocodone 10/325 mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 88-89.

Decision rationale: The employee presents with cervical and right upper extremity pain. The treating physician is requesting Hydrocodone for break through relief. Medical records are not clear as to exactly when the employee was first prescribed this medication. However, seeing that progress report dated 02/26/2013 requests a "refill" of Hydrocodone, it can be assumed this employee has been taking this medication prior to that date. In the progress reports provided for review dated 02/26/2013 to 10/21/2013, there was not one discussion regarding how Hydrocodone has been helpful but a refill of #90 with 1 refill is being requested. For chronic opiates use, the MTUS guidelines require functioning documentation using a numerical scale or a validated instrument at least once every 6 months. Documentation of the four A's (Analgesia, ADL's, Adverse side-effects, Adverse behavior) are required. Furthermore, under outcome measures, it also recommends documentation of current pain; average pain; least pain; time it takes for medication to work; duration of pain relief with medications, etc. None of the reports reviewed contain the necessary information to continue long term opioid use. Given the lack of sufficient documentation demonstrating efficacy from chronic opiates use, the employee should be slowly weaned as outlined in MTUS guidelines. Recommendation is for denial.

Prescription of MS Contin 15 mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids; Therapeutic Trials of Opioids Page(s): 76-78.

Decision rationale: The employee presents with cervical and right upper extremity pain. The treating physician is requesting MS Contin #60. The MTUS guidelines, criteria for initiating opioids, recommends that reasonable alternatives have been tried, consider patient's likelihood of improvement, likelihood of abuse, etc. The MTUS goes on to indicate that baseline pain and functional assessments should be made. Once the criteria have been met a new course of opioids may be tried at that time. In this case, the treating physician does not provide baseline pain or any functional assessments to necessitate a start of a new opioid. In addition, the treating physician does not discuss how Hydrocodone is or is not working, making it unclear as to why a second opioid is being initiated at this time. The requested MS Contin is not medically necessary at this time and recommendation is for denial.

Prescription of Lioresal (Baclofen) 10 mg, #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The employee presents with cervical and right upper extremity pain. The treating physician is requesting Baclofen 10mg #30 with 2 refills. Utilization review dated 11/19/2013 modified certification from #30 to #14 with no refills. Muscle relaxants (for pain)

MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. A short course of muscle relaxants for employee's reduction in pain and increasing mobility may be warranted, however, the treating physician is requesting #30 with 2 refills. Baclofen is not recommended for long term use therefore recommendation is for denial.

Prescription of Neurontin 100 mg, #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Gabapentin (Neurontin) Page(s): 18-19.

Decision rationale: The employee presents with cervical and right upper extremity pain. The treating physician requests Neurontin 100mg #60 with 2 refills. Utilization review dated 11/19/2013 modified certification from #60 with refills to #30 with no refills. MTUS has the following regarding Gabapentin (MTUS pg 18, 19): Gabapentin (Neurontin®[®], Gabarone[®], generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Given the employee's neuropathic pain, namely radicular symptoms, recommendation is for authorization of Neurontin 100mg #60.