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| Case Number: | CM13-0058500 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 12/19/2012 |
| Decision Date: | 03/21/2014 | UR Denial Date: | 11/20/2013 |
| Priority: | Standard | Application Received: | 11/27/2013 |

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, 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 56 year-old male patient sustained an injury on 12/19/12 while employed by [REDACTED]. Requests under consideration include 1 prescription of Oxycodone Hcl 10 mg #45 with 3 refills, 1 prescription of Gabapentin 300 mg #60 with 3 refills, and 1 prescription of Ibuprofen 800mg #90 with 3 refills. Report of 10/30/13 from provider noted ongoing neck and low back pain stemming from the MVA with ongoing tingling in the thumb and adjacent finger of the right hand. There is sensation of coldness which was worse when the patient turns his head quickly. The patient has tried physical therapy for the low back (16 sessions with 24 sessions for the upper body) with some relief. Current pain level is rated as 6-8/10 and worse with standing and cervical rotation. Exam findings noted positive Spurling's with pain radiating from neck to upper extremity, positive lumbar facet loading bilaterally, negative SLR and decreased sensation of right thumb and adjacent digits. Diagnoses include cervicgia and lumbago. Requests above were partially-certified for 1 prescription each without 3 refills on 11/20/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Oxycodone Hcl 10 mg #45 with 3 refills: Upheld

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

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

Decision rationale: This 56 year-old male patient sustained an injury on 12/19/12 while employed by [REDACTED]. Report of 10/30/13 from provider noted ongoing neck and low back pain stemming from the MVA with ongoing tingling in the thumb and adjacent finger of the right hand. There is sensation of coldness which was worse when the patient turns his head quickly. The patient has tried physical therapy for the low back (16 sessions with 24 sessions for the upper body) with some relief. Current pain level is rated as 6-8/10 and worse with standing and cervical rotation. Exam findings noted positive Spurling's with pain radiating from neck to upper extremity, positive lumbar facet loading bilaterally, negative SLR and decreased sensation of right thumb and adjacent digits. Diagnoses include cervicalgia and lumbago. Request above was partially-certified for 1 prescription without 3 refills on 11/20/13. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The 1 prescription of Oxycodone Hcl 10 mg #45 with 3 refills is not medically necessary and appropriate.

1 Prescription of Gabapentin 300 mg #60 with 3 refills: Upheld

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

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

Decision rationale: This 56 year-old male patient sustained an injury on 12/19/12 while employed by [REDACTED]. Report of 10/30/13 from provider noted ongoing neck and low back pain stemming from the MVA with ongoing tingling in the thumb and adjacent finger of the right hand. There is sensation of coldness which was worse when the patient turns his head quickly. The patient has tried physical therapy for the low back (16 sessions with 24 sessions for the upper body) with some relief. Current pain level is rated as 6-8/10 and worse with standing and cervical rotation. Exam findings noted positive Spurling's with pain radiating from neck to upper extremity, positive lumbar facet loading bilaterally, negative SLR and

decreased sensation of right thumb and adjacent digits. Request above was partially-certified for 1 prescription without 3 refills on 11/20/13. Although Gabapentin 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; however, submitted reports have not adequately demonstrated the specific indication to support for Gabapentin with 3 refills without clinical findings of specific neurological deficits or neuropathic pain for diagnoses of cervicalgia and lumbago. Previous treatment with Gabapentin has not resulted in any documented pain relief or functional benefit. The 1 prescription of Gabapentin 300 mg #60 with 3 refills is not medically necessary and appropriate.

1 prescription of Ibuprofen 800mg #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: This 56 year-old male patient sustained an injury on 12/19/12 while employed by [REDACTED] Report of 10/30/13 from provider noted ongoing neck and low back pain stemming from the MVA with ongoing tingling in the thumb and adjacent finger of the right hand. There is sensation of coldness which was worse when the patient turns his head quickly. The patient has tried physical therapy for the low back (16 sessions with 24 sessions for the upper body) with some relief. Current pain level is rated as 6-8/10 and worse with standing and cervical rotation. Exam findings noted positive Spurling's with pain radiating from neck to upper extremity, positive lumbar facet loading bilaterally, negative SLR and decreased sensation of right thumb and adjacent digits. Request above was partially-certified for 1 prescription without 3 refills on 11/20/13. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAID's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue this NSAID for an injury of 2012 nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAIDs is a second line medication after use of acetaminophen especially in light of side effects of gastritis as noted by the provider. The 1 prescription of Ibuprofen 800mg #90 with 3 refills is not medically necessary and appropriate.