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| Case Number: | CM13-0070896 | | |
| Date Assigned: | 01/08/2014 | Date of Injury: | 06/19/2007 |
| Decision Date: | 06/19/2014 | UR Denial Date: | 11/26/2013 |
| Priority: | Standard | Application Received: | 12/26/2013 |

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 Anesthesiology, 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:

The patient is a 46-year-old who has submitted a claim for cervical degenerative disc disease, C4-5 and C5-6 with spondylosis, cervical disc protrusions at C4-5 and C5-6, chronic cervicalgia, and significant soft tissue injury involving cervical, thoracic and lumbar spine associated with an industrial injury date of June 19, 2007. Medical records from 2012-2012 were reviewed. The patient complains of constant pain from her neck radiating to her left upper shoulder region to her hand. She is unable to lift her left upper extremity above shoulder level. There is also weakness, numbness and tingling in her upper extremity. She also has occasional tingling in her legs with prolonged sitting or weightbearing. On physical examination, there is tenderness and guarding as well as decreased range of motion secondary to pain in the cervical, thoracic and lumbar paraspinal musculature. There is decreased range of motion on the left shoulder with a positive painful arc. O'Brien's test and Hawkin's sign were positive. Motor and sensation was intact. MRI of the lumbar spine on October 2, 2013 revealed disc bulge without central or lateral spinal stenosis at L1-L2, L4-L5 and L5-S1. MRI of the cervical spine, dated April 5, 2013, showed disc protrusion on C4-C5 and C5-C6 with loss of cervical lordotic curvature. MRI of the left shoulder, dated April 5, 2013, showed narrow acromiohumeral space. The official report of the radiographic findings were not made available. Treatment to date has included medications, physical therapy, home exercise program and activity modification. Utilization review, dated November 26, 2013, modified the request for Hydrocodone-Acetaminophen #90 to Hydrocodone-Acetaminophen #30 to initiate weaning process or to allow the provider time to document objective evidence of derived functional benefit. The request for Gralise Er 600mg #90 was denied since there was no documentation of any neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE-ACETAMINOPHEN #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN TREATMENT GUIDELINES, OPIOIDS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES §9792.24.2 Page(s): 77.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, a therapeutic trial of opioids is recommended in patients who have failed a trial of non-opioid analgesics. There should be set goals with continued use of opioids contingent on meeting these goals, baseline pain and functional assessments (including social, physical, psychological), and a pain agreement. For intermittent pain, a short-acting opioid is recommended trying one medication at a time. For continuous pain, extended-release opioids are recommended, with or without a dose of rescue opioids. In this case, there is no documentation regarding failure of non-opioid analgesics, baseline pain and functional assessments, to support the use of this medication at this time. In addition, the most recent progress note available, dated November 20, 2013, recommended the continuation of another opioid, Vicoprofen (oxycodone-ibuprofen) since it is helping reduce her pain levels without causing undue sedation or cognitive impairment. There is no discussion concerning adding another opioid in the form of hydro/apap. It is not clear whether she is currently on or already off the medication. Furthermore, the dosage of the present request was not specified. The request for hydrocodone-acetaminophen, thirty count, is not medically necessary.

GRALISE ER 600 MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN TREATMENT GUIDELINES, ANTI-EPILEPSY DRUGS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES §9792.24.2 Page(s): 49.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Gabapentin (Gralise) has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first line treatment for neuropathic pain. In this case, the patient has been complaining of radiating pain from the neck to the left upper shoulder region and to her hands. There is also numbness and tingling in her left forearm and upper arm as well as occasional tingling in her legs. There is evidence of neuropathic pain. Patient was started on Topamax 25mg/tab, 1 tablet twice daily; however, reported adverse effects of heavy sensation on her legs. Dosage was then decreased to Topamax 25mg every other night, as stated on a report dated November 20, 2013. However, there is no recent progress report available to ascertain the effects of lowering the dose of Topamax. There is no discussion concerning adding

or shifting topiramate into gabapentin for managing neuropathic pain instead. The request for Gralise ER 600 mg, ninety count, is not medically necessary or appropriate.