

Case Number:	CM13-0072163		
Date Assigned:	01/22/2014	Date of Injury:	01/28/2003
Decision Date:	06/06/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/30/2013

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:

Medical records from 2010 through 2013 were reviewed showing the patient complaining of increased pain levels with quality of life and activity level being the same. The patient reports of spasms in the upper extremities. There are reports of occasional sensation of electric shocks in the upper extremities. The pain medications are working moderately well and allows for increased activity during the day. On examination, there is noted cervical spine straightening with loss of normal cervical lordosis. Range of motion was restricted for the cervical spine due to pain. There was tenderness over the paravertebral muscles of the cervical spine. Spurling's test was negative. Trigger points were noted with radiating pain and which responds on palpation of the bilateral trapezius muscles. The patient is stated to have a GI upset with NSAIDs. The medications are stated to help the patient perform household tasks for 35 to 45 minutes at a time with less pain. Without medications, the patient has difficulty performing household tasks. Electrodiagnostics from 2000 and demonstrated evidence of mild chronic cervical radiculopathy most likely at the left C7 level. CT scan of the cervical spine from 2000 and demonstrated an elongated osteophyte encroaching on the right lateral recess and also the caudal margin of the right neural foramen putting the exiting right C7 and traversing right C8 nerve roots at risk for compression. Utilization review from December 19, 2013 modified the request for methadone due to no documentation of functional improvements. Gabapentin and Topamax were approved. Hydromorphone, Etodolac, Cyclobenzaprine, Omeprazole, and Trigger Point Injections were denied in the bases of no indication for use.

IMR ISSUES, DECISIONS AND RATIONALES

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

METHADONE HCL 5MG QTY 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61-62.

Decision rationale: As stated on pages 61-62 of the Chronic Pain Medical Treatment Guidelines, Methadone is recommended as a second line drug for moderate to severe pain if the potential benefit outweighs the risk. In this case, the patient has been using Methadone as far back as January 2013. The patient is currently not working. Urine drug screen test in 2013 was positive for ethyl glucuronide, a metabolite of alcohol. There has been no discussion concerning possible abuse potentials or additive effects in this patient. While the patient does complain of neuropathic pain and headaches, the role of opioids in these two problems is not highly supported. Therefore, the request for Methadone is not medically necessary.

HYDROMORPHONE 8MG QTY 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: Page 78 of the Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient has been using Hydromorphone as far back as January 2013. The patient is currently not working. Urine drug screen test in 2013 was positive for ethyl glucuronide, a metabolite of alcohol. There has been no discussion concerning possible abuse potentials or additive effects in this patient. While the patient does complain of neuropathic pain and headaches, the role of opioids in these two problems is not highly supported. Therefore, the request for Hydromorphone is not medically necessary.

ETODOLAC 300MG QTY 60 REFILLS 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67,68-71.

Decision rationale: As stated on pages 67-68 of the Chronic Pain Medical Treatment Guidelines, (NSAIDs) non-steroidal anti-inflammatory drugs are useful in treating breakthrough and mixed pain conditions such as osteoarthritis and back pain; there is no evidence for long-term effectiveness for pain and function. Etodolac is specifically indicated for use in osteoarthritis. In this case, the patient has been using Etodolac as far back as January 2013. There is no evidence in the documentation that the patient has osteoarthritis. Therefore, the request for Etodolac is not medically necessary.

CYCLOBENZAPRINE 10MG QTY 60 REFILL 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51-42.

Decision rationale: As stated on pages 41-42 of the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option as a short course therapy for management of back pain. In this case, the patient has been using Cyclobenzaprine since January 2013. Long-term use is not recommended and there is no discussion concerning the need for variance from the guidelines. Therefore, a request for Cyclobenzaprine is not medically necessary.

GABAPENTIN 800MG QTY 90 REILLS 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

Decision rationale: As stated on page 16-22 of the California MTUS Chronic Pain Medical Treatment Guidelines, anti-epilepsy drugs are recommended for neuropathic pain. In this case, the patient has been using Gabapentin since January 2013. The patient has a history of cervical fusion and persistent cervical radiculopathy. However, the documentation does not discuss the need for 3 refills given that the concurrent request for Topamax was dispensed for a quantity of one month. Therefore, the request for Gabapentin 800mg quantity 90 refills 3 is not medically necessary.

OMEPRAZOLE DR 20MG QTY: 60 REFILLS 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: As stated on page 68 of the Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patients who are at high risk for gastrointestinal events. In this case, the patient has been using Omeprazole as far back as January 2013. However, the use of this medication still did not treat the GI upsets the patient was having. Therefore, the request for Omeprazole is not medically necessary.

METHADONE HCL 10MG QTY 15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61-62.

Decision rationale: As stated on pages 61-62 of the Chronic Pain Medical Treatment Guidelines, Methadone is recommended as a second line drug for moderate to severe pain if the potential benefit outweighs the risk. In this case, the patient has been using Methadone as far back as January 2013. The patient is currently not working. Urine drug screen test in 2013 was positive for ethyl glucuronide, a metabolite of alcohol. There has been no discussion concerning possible abuse potentials or additive effects in this patient. While the patient does complain of neuropathic pain and headaches, the role of opioids in these two problems is not highly supported. Therefore, the request for methadone is not medically necessary.

3 TRIGGER POINT INJECTIONS (LEFT TRAPEZIUS, RIGHT TRAPEZIUS) FOR MUSCLES AND MYOFASCIAL PAIN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

Decision rationale: As stated on page 122 of the Chronic Pain Medical Treatment Guidelines, trigger point injections are not recommended for radicular pain. In this case, the patient has persistent radicular pain. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for trigger point injections is not medically necessary.