

Case Number:	CM14-0001256		
Date Assigned:	01/22/2014	Date of Injury:	09/19/2008
Decision Date:	06/06/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/03/2014

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:

The injured worker is a 57 year old male who reported an injury on 09/19/2008, the mechanism of injury was not provided in the medical documents. The clinical note dated 12/06/2013 presented the injured worker with neck pain with numbness and tingling in his upper extremities. Upon physical exam the injured worker's range of motion to the cervical spine were 45 degrees for flexion, 45 degrees for extension, 50 degrees with left rotation, 50 degrees with the right rotation, 15 degrees for right lateral flexion, and 10 degrees for left lateral flexion. The injured worker presented with cervical degenerative disc disease with increasing radiculopathy symptoms, cervical spondylosis, and is status post anterior three level cervical fusion from C4-C7 as of August 2013. The injured worker is recommended for Hydrocodone 10/325MG, Carisoprodol 350MG, and Gabapentin 550MG. The review for authorization form was not included in the medical documents.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE 10/325MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, pain treatment guidelines Page(s): 89.

Decision rationale: The request for Hydrocodone 10/325mg is not medically necessary. The California MTUS guidelines recommend providing ongoing education on both the benefits and limitations of opioid treatment. The guidelines recommend the lowest possible dose should be prescribed to improve pain and function. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The documentation lacks evidence of this medication providing desired effects for the injured worker. There was a lack of an adequate and complete pain assessment within the documentation. Therefore, the request is not medically necessary.

CARISOPRODOL 350MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63.

Decision rationale: The request for Carisoprodol 350MG is not medically necessary. The California MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations. They show no benefit beyond NSAIDs in pain and overall Improvement and efficacy appears to diminish over time. Prolonged use of some medications in this class may lead to dependence. The documentation lacks evidence of this medication providing desired effects for the injured worker. The injured worker has been taking Carisoprodol since at least 12/06/2013. Therefore, the request is not medically necessary.

GABAPENTIN 550MG #9: Overturned

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

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

Decision rationale: The request for Gabapentin 550mg #9 is medically necessary. The California MTUS guidelines note that relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. The guidelines note 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. The documentation reported the injured worker reported neck pain with

numbness and tingling in his upper extremities, which would indicate neuropathy. The injured worker is currently being weaned from Gabapentin. The request for 9 pills would be appropriate during the weaning phase. Therefore, the request is certified.