

Case Number:	CM14-0001955		
Date Assigned:	01/24/2014	Date of Injury:	12/16/2008
Decision Date:	07/24/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/06/2014

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 Anesthesia, has a subspecialty in Acupuncture and Pain Medicine, and is licensed to practice in Californiae/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 injured worker is a 61-year-old with date of injury of December 16, 2008, with related shoulder injury. Per Novemebr 6, 2013 progress report, he complained of pain in his neck, bilateral shoulders, and low back, with associated numbness radiating into his left leg. Per physical exam, he had decreased range of motion over the cervical spine with pain. There was slight trapezius and paracervical tenderness seen. There was moderate stiffness in the shoulders with pain on range of motion. He is status post cervical discectomy and right ulnar nerve decompression. The injured worker underwent manipulation of the right shoulder under anesthesia, repair of chronic complete rotator cuff tear, excision of the right distal clavicle and right coracoacromial ligament release dated August 30, 2012. MRI scan dated June 25, 2013 revealed moderate stenosis at the L4-L5 level; right sided foraminal protrusion at L5-S1. He has been treated with physical therapy and medication management. The date of UR decision was December 30, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, ninety count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78, 91.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines regarding the on-going management of opioids, "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveal no documentation to support the medical necessity of norco nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, or appropriate medication use. The Chronic Pain Medical Treatment Guidelines considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity, and were present. According to the October 10, 2013 progress report, it was noted that the injured worker's CURES was appropriate, last urine test was appropriate, and last pill count results were appropriate. However, there is no documentation comprehensively addressing the aforementioned concerns in the records available for my review. As the Chronic Pain Medical Treatment Guidelines recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed. The request for Norco 10/325 mg, ninety count, is not medically necessary or appropriate.

Neurontin 600 mg, 120 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-18.

Decision rationale: With regard to antiepilepsy drugs, the Chronic Pain Medical Treatment Guidelines, states "Fibromyalgia: Gabapentin and pregabalin have been found to be safe and efficacious to treat pain and other symptoms. Pregabalin is FDA approved for fibromyalgia." Also according to the Chronic Pain Medical Treatment Guidelines,, "Gabapentin (Neurontin) 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." According to the Chronic Pain Medical Treatment Guidelines,, "After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs (anti-epileptic drugs) depends on improved outcomes versus tolerability of adverse effects." Review of the documentation submitted for review reveals no documentation of pain relief and improvement in function from the use of this

medication. As such, medical necessity cannot be affirmed. The request for Neurontin 600mg, 120 count, is not medically necessary or appropriate.