

Case Number:	CM14-0004329		
Date Assigned:	02/05/2014	Date of Injury:	06/26/2001
Decision Date:	08/04/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/10/2014

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 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 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 65-year-old male with a reported date of injury of 06/26/2001. The injury reportedly occurred when the injured worker grabbed a prop to keep it from breaking and had a popping sound in his back and shoulder with immediate pain. His diagnoses were noted to include multilevel cervical discopathy, status post left shoulder arthroscopy, multilevel lumbar discopathy, right hip Paget's disease with sprain/strain, tear of the left biceps, status post left knee arthroscopy with arthroscopic partial medial meniscectomy and chondroplasty, left foot metatarsalgia, status post reconstructive surgery of the right hip, and status post left foot amputated toe. His previous treatments were noted to include surgery and medications. The progress report dated 04/23/2014 reported the injured worker was seen for a followup of pain regarding left shoulder, spine, right hip, hearing loss, and hypertension. The injured worker reported complaints of aching and stabbing in the left shoulder rated 6/10. He also complained of aching and stabbing in the right hip and low back pain rated 4/10 to 5/10. The injured worker also reported aching and stabbing pain in the right shoulder rated 4/10 as well as bilateral hands rated 7/10 and the left foot rated 6/10. His medication regimen was noted to include Celebrex, Vicodin, Prozac, and antianxiety medication, which were all helping to decrease his symptoms. The physical examination of the left shoulder revealed tenderness to palpation in the acromioclavicular joint. The range of motion to the left shoulder testing was noted to be diminished, and crepitus on motion was present. The motor strength testing was noted to be 5/5 as well as normal sensation in the upper extremities. The physical examination of the bilateral hands/wrists noted pain with range of motion, positive Tinel's sign, diffuse forearm tenderness without swelling, decreased and pin appreciation in the ulnar distribution, wrist motor power was graded 3/5, and no sign of wrist instability was noted. The physical examination of the lumbar spine noted tenderness from the thoracolumbar spine down to the base of the pelvis. The

paralumbar musculature was slightly tight bilaterally, the buttocks were tender, and he was unable to fully squat due to pain. There was tenderness on stress of the pelvis, which indicated mild sacroiliac joint symptomatology. The range of motion was noted to be flexion to 28 degrees, extension to 15 degrees, and tilt to the right/left was 15 degrees. The deep tendon reflexes were intact for knee and ankle jerks, no gross motor weakness in the lower extremities, and intact pin sensation to both lower extremities. The progress note dated 01/15/2014 revealed the injured worker was taking Vicodin and Celebrex, which were helping to decrease his symptoms; however, he stated the gabapentin was not helping him. The request for authorization form was for Norco 10/325 mg 1 every 4 to 6 hours as needed #120 with 2 refills for pain relief. The request for authorization for retrospective gabapentin 600 mg, cyclobenzaprine 7.5 mg, and retrospective re-evaluation within 4 weeks was not submitted within the medical records. The request for retrospective re-evaluation within 4 weeks, gabapentin 600 mg, and cyclobenzaprine 7.5 mg; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Cyclobenzaprine 7.5mg: Upheld

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

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

Decision rationale: The injured worker has been taking the medication since at least 10/2013. The California Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second line option for the short-term treatment of acute exacerbations in injured workers with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to be diminished over time with prolonged use. Some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. There is a lack of documentation regarding muscle spasms to warrant cyclobenzaprine. The guidelines state muscle relaxants are recommended as a second line option for the short-term treatment of acute exacerbations, and for the injured worker, there is a lack of documentation regarding efficacy and improved functional status with the utilization of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary and appropriate.

Retrospective Gabapentin 600mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin), Antiepilepsy drugs Page(s): 49, 16.

Decision rationale: The injured worker was taking this medication in 10/2013. The California Chronic Pain Medical Treatment Guidelines recommend gabapentin as an antiepilepsy drug (also referred to as anticonvulsants), which has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia, and has been considered as a first line treatment for neuropathic pain. The guidelines recommend antiepilepsy drugs for neuropathic pain. There is a lack of expert consensus on the treatment of neuropathic pain and general to heterogenous etiologies, symptoms, physical signs and mechanisms. Most randomized control trials for the use of this class of medication for neuropathic pain has been directed at postherpetic neuralgia and painful polyneuropathy. There are a few random control trials directed at central pain in unherpetic painful radiculopathy. The progress note dated 01/15/2014 reported the injured worker stated that gabapentin was not helping him and there is a lack of documentation regarding clinical findings of radicular pain to warrant gabapentin. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary and appropriate.

Retrospective Hydrocodone/APAP (Norco) 10/325mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The injured worker has been taking this medication since at least 10/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's are ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors, should be addressed. There is a lack of documentation regarding evidence of decreased pain on a numerical scale, improved functional status, side effects, and without details regarding urine drug testing to verify appropriate medication use, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary and appropriate.

Retrospective re-evaluation within four weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Office Visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The injured worker has been seeing the doctor for frequent followups in regards to medications and pain. The California MTUS/ACOEM Guidelines recommend for injured workers with potentially work-related low back complaints, they should have follow-ups every 3 to 5 days by a medical practitioner or physical therapist who can counsel the injured worker about recording static positions, medication use, activity modification, and other concerns. Health practitioners should take care to answer questions and make the sessions interactive so that the injured worker is fully involved in his or her recovery. If the patient has returned to work, these interactions may be conducted on site or by telephone to avoid interfering with modified or full work activities. Physician followup can occur when a release to modified, increased, or full duty is needed, or after appreciable healing and recovery can be expected on average. Physician followup may be expected every 4 to 7 days if the injured worker is off work and 7 to 14 days if the injured worker is working. The determination and necessity for an office visit requires individualized case review and assessment, being ever mindful that the best injured worker outcomes are achieved with eventual injured worker independence from the healthcare system through self-care as soon as clinically feasible. Also, since the medication management is not supported, there will be no support for re-evaluation within 4 weeks. Therefore, the request is non-medically necessary and appropriate.