

Case Number:	CM14-0107803		
Date Assigned:	08/01/2014	Date of Injury:	01/24/1998
Decision Date:	10/01/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/11/2014

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 Family Medicine 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:

This 61 year old patient had a date of injury on 1/24/1996. The mechanism of injury was not noted. In a progress noted dated 5/7/2014, subjective findings included low back pain and cervical pain. His neck pain is constant with radicular pain down both the upper extremities. He reports numbness and tingling in both arms. On a physical exam dated 5/7/2014, objective findings included 5/5/ bilateral lower extremity strength, sciatic notches are painful to palpation. Straight leg raise is positive bilaterally. Diagnostic impression shows cervical radiculitis, weakness of right arm, numbness, depression, myalgia. Treatment to date: medication therapy, behavioral modification. A UR decision dated 7/1/2014 denied the request for Norco 10/325 #90 Oxycontin ER 20mg #90, stating there is objective evidence of functional benefit or decreased pain attributable to opioid treatment and the patient has been using it chronically. Flexeril 10mg #90 was denied, stating not recommended for long term use because of sedation, loss of efficacy and dependency Halcion .25mg #30 was denied, stating long term use not recommended. Neurontin 300mg #90 was denied, stating no objective evidence of functional and pain benefits. Protonix 40mg #30 was denied, stating medical necessity not shown.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80, 81, 82 and 83.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports viewed, there was no documented functional improvement noted with the opioid regimen. Furthermore, this patient is on Oxycontin as well as Neurontin for neuropathic pain. Therefore, the request for Norco/10/325 #90 is not medically necessary.

Oxycontin ER 20 mg, QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80, 81, 82 and 83.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports viewed, there was no documented functional improvement noted with the opioid regimen. Furthermore, this patient is on Norco as well as Neurontin for neuropathic pain. Therefore, the request for Oxycontin 20mg #90 is not medically necessary.

Flexeril 10 mg, QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) and Muscle Relaxants (For Pain) Page(s): 41-42.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

Decision rationale: According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. In a progress report dated 6/17/2014, the patient was noted to be having more spasms. However, guidelines do not support long term use, the request for 90 tablets is not likely to be a short course of therapy. Therefore, the request for flexeril 10mg #90 is not medically necessary.

Halcion 0.25 mg, QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24 and 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Triazolam

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. In this case, the patient has been on Halcion since at least 3/16/2014. Therefore, the request for Halcion .25mg#30 is not medically necessary.

Neurontin 300 mg, QTY: 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin (Gabapentin), Antiepilepsy Drugs (AEDS) Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18, 4.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines states that Gabapentin 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. In a progress report dated 6/17/2014, the patient subjectively complained of numbness and tingling, which was improved by the medication. Therefore, the request for Neurontin 300mg #90 is medically necessary.

Protonix 40 mg, QTY: 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI Symptoms & Cardi.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. In a progress note dated 6/17/2014, it was noted that an NSAID was part of this patients medication regimen. . Therefore, the request for Protonix 40mg #30 is medically necessary.