

Case Number:	CM14-0013396		
Date Assigned:	02/26/2014	Date of Injury:	01/10/2002
Decision Date:	06/30/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	02/03/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 46-year-old male with a reported date of injury on 01/10/2002. The mechanism of injury was noted to be a fall on-the-job. His diagnoses were noted to include discogenic cervical condition status post fusion C5 to C7 with disc bulging at C4-5, lumbar radiculopathy status post fusion, and depression. His previous treatments were noted to include medications, surgeries, hot and cold modalities, H-wave, and psychological treatment. The progress note dated 02/19/2014 reported the injured worker complained of neck pain rated 8/10 and back pain at 9/10 and the Norco decreased the pain to 5/10 to 6/10 allowing him to be more functional during the day. The injured worker denied spasms, but reported constant numbness and tingling to the right arm. The injured worker reported pain does affect his sleep by waking him up during the night resulting in a poor sleep pattern, as well as depression due to chronic pain that affected his daily life. The request for authorization from dated 01/23/2014 was for Norco 10/325 mg #63 for pain and Trazodone 50 mg #60 for depression and insomnia, Effexor 75 mg #60 for depression, Gabapentin 600 mg #90 for neuropathic pain, and Tramadol ER 150 mg #30 for long acting pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #85: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS,

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

Decision rationale: The request for Norco 10/325 mg #85 is not medically necessary. The injured worker has been taking Norco since 07/2013. According to the 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 "4A's" for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors, should be addressed. The injured worker reported pain at 8/10 to 9/10 and the Norco decreased his pain to 5/10 to 6/10 allowing him to be more functional during the day such as walking longer, light cooking, and washing dishes. There is a lack of documentation regarding adverse effects with the use of medications, as well as aberrant behavior and it is unclear whether the injured worker has had a consistent urine drug screen and when the last test was performed. Therefore, despite evidence of significant pain relief and increased function, there is a lack of documentation regarding adverse effects, and without details regarding urine drug testing to verify appropriate medication use and the absence of aberrant behavior, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which the medication is to be utilized.

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

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EFFEXOR 75MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTI-DEPRESSANTS FOR CHRONIC PAIN,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Venlafaxine (Effexor), Anti-depressants for chronic pain.

Decision rationale: The request for Effexor 75 mg #60 is not medically necessary. The injured worker has been taking this medication for depression. California Chronic Pain Medical Treatment Guidelines recommend Effexor as an option in first-line treatment of neuropathic pain. The guidelines state it has FDA approval for treatment of depression and anxiety disorders. The guidelines also state long-term effectiveness of antidepressants has not been established. The effect of this class of medication in combination with other classes of drugs has not been well researched. The injured worker has been diagnosed with depression and neuropathic pain and the Effexor has been helping him with his depression; however, the request failed to provide the frequency at which the medication is to be utilized. Therefore, the request is not medically necessary.

GABAPENTIN 600MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTI-EPILEPSY DRUGS,

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

Decision rationale: The request for Gabapentin 600 mg #90 is not medically necessary. The injured worker is using gabapentin to help decrease intensity and frequency of numbness and tingling in the right arm. The Chronic Pain Medical Treatment Guidelines recommend Gabapentin as a first-line treatment for neuropathic pain. The guidelines state this medication appears to be effective in reducing abnormal hypersensitivity, to have anti-anxiety effects, and may be beneficial as a sleep aid. The injured worker has been using Gabapentin to treat his neuropathic pain; however, objective functional improvement as a result of the medication was not documented. Also, the request failed to provide the frequency at which the medication is to be utilized. Therefore, the request is not medically necessary.

TRAMADOL ER 150MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS,

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

Decision rationale: The request for Tramadol ER 150 mg #30 is not medically necessary. The injured worker has been taking Norco since 07/2013. According to the 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 As" for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors, should be addressed. The injured worker reported pain at 8/10 to 9/10 and the Norco decreased his pain to 5/10 to 6/10 allowing him to be more functional during the day such as walking longer, light cooking, and washing dishes. There is a lack of documentation regarding adverse effects with the use of medications, as well as aberrant behavior and it is unclear whether the injured worker has had a consistent urine drug screen and when the last test was performed. Therefore, despite evidence of significant pain relief and increased function, there is a lack of documentation regarding adverse effects, and without details regarding urine drug testing to verify appropriate medication use and the absence of aberrant behavior, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which the medication is to be utilized. Therefore, the request is not medically necessary.