MAXIMUS Federal Services

Case Number:	CM14-0013801		
Date Assigned:	02/26/2014	Date of Injury:	04/03/1998
Decision Date:	07/23/2014	UR Denial Date:	01/31/2014
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. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational 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 is a 50-year-old female with a 4/03/98 date of injury. The mechanism of injury has not been described. A UR decision dated 1/31/14 certified Vicodin 5-500 mg with a modification to quantity of 60. The patient complains of constant back pain that has been occurring in a persistent pattern with pain rated at 4/10. However, there is no documentation of efficacy with prior usage of this medication, such as a measurable decrease in the claimant's pain or an increase in the claimant's ability to function. Further, there is no documentation of a current urine drug test, risk assessment profile, attempt at weaning/tapering, and a drug contract. Due to risk of withdrawal from abrupt discontinuation, certification is recommended for Vicodin 5/500 mg #60. A UR decision dated 1/31/14 certified Celebrex 200 mg with a modification to a one-month supply. California MTUS notes specific recommendations for NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. The patient complains of constant back pain that has been occurring in a persistent pattern, the pain is rated 4/10. Considering this, certification is recommended for Celebrex 200 mg for 1 month. A UR decision dated 1/31/14 denied the request for Lidoderm 5% patches. California MTUS notes that topical analgesics are recommended as an option in certain circumstances. The patient complains of constant back pain that has been occurring in a persistent pattern, with pain rated at 4/10. The reports provided do not indicate failed trials of first-line recommendations. The patient is currently on Lidoderm and gabapentin and there is no documentation that these medications are insufficient to manage symptoms. A UR decision dated 1/31/14 for Gabapentin 600 mg was modified to a one month supply. California MTUS recommends anti-convulsants and recommends them for neuropathic pain. Gabapentin is considered to be first-line treatment for neuropathic pain. The patient complains of constant back pain that has been occurring in a persistent pattern, with pain being rated at 4/10. Therefore, medical necessity is established for

further management of chronic pain. A UR decision dated 1/31/14 for Neurontin 600 mg was denied. Neurontin is the branded form of gabapentin and is therefore considered duplicate treatment/request. A UR decision dated 1/31/14 for Cymbalta 60 mg was modified to a one month supply. California MTUS notes that antidepressants for chronic pain are recommended as a first line option for neuropathic pain. The patient complains of constant back pain that has been occurring in a persistent pattern, the pain is rated 4/10, considering this information, a one month supply of Cymbalta is certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN 5/500MG: Upheld

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

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

Decision rationale: California 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 there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. An appeal note written by the patient on 2/11/14 indicated that the patient had functional improvement and was able to perform his activities of daily living with the use of Vicodin. However, this request is for Vicodin 5/500 and does not specify a quantity, and medical necessity cannot be established for an unknown quantity. The UR decision modified this request to allow for 60 tablets for a one month supply. In addition, there is no documentation of Controlled Substance Utilization Review and Evaluation System (CURES) monitoring, pain contract, or urine drug screen. Therefore, the request, as submitted, for Vicodin 5/500 was not medically necessary.

CELEBREX 200MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (pain chapter).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines states that nonsteroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain, and that Celebrex may be considered if the patient has a risk of GI complications, but not for the majority of patients. The FDA identifies that Celebrex is indicated in the treatment of osteoarthritis, rheumatoid arthritis, acute pain, and familial adenomatous polyposis. In addition, Celebrex is also a better choice than NSAIDS in patients

with osteoarthritis and rheumatoid arthritis who are on a daily aspirin with regard to prophylaxis of GI complications as the annual GI complication rates for these patients is significantly reduced. This request is for Celebrex and does not specify a quantity. Therefore, the request, as submitted, for Celebrex 200 mg was not medically necessary.

LIDODERM 5% PATCHES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter (Lidoderm).

Decision rationale: California MTUS states that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. ODG states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. An appeal note written by the patient on 2/11/14 indicated that the patient had functional improvement and was able to perform his activities of daily living with the use of Lidoderm patches. However, guidelines state that in order for Lidoderm patches to be substantiated, the area for treatment should be indicated, as well as the duration and frequency of use. In addition, the number of patches being requested is not documented. Therefore, the request for Lidoderm 5% patches was not medically necessary.

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 9792.24.2 Page(s): 16-17. Decision based on Non-MTUS Citation Other Medical Treatment Guideline, FDA (Neurontin).

Decision rationale: California 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. However, this request is for Gabapentin 600 mg and does not specify a quantity. Medical necessity cannot be established for an unknown quantity. The UR decision modified this request to allow for 60 tablets for a one month supply. Therefore, the request, as submitted, for Gabapentin 600 mg was medically not necessary.

CYMBALTA 60MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 15-16.

Decision rationale: California MTUS states that Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is used off-label for neuropathic pain and radiculopathy, and is recommended as a first-line option for diabetic neuropathy. An appeal note written by the patient dated 2/11/14 states that he is taking it as prescribed and it is helping with his pain control. This request for Cymbalta 60 mg does not specify a quantity and medical necessity cannot be established for an unknown quantity. The UR decision modified this request to allow for 60 tablets for a one month supply. Therefore, the request for Cymbalta 60 mg, as submitted, was not medically necessary.

NEURONTIN 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 9792.24.2 Page(s): 16-17. Decision based on Non-MTUS Citation Other Medical Treatment Guideline, FDA (Neurontin).

Decision rationale: California 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. Gabapentin was previously certified based on the fact that it is the first-line therapy for neuropathic pain. However, this request is for the brand name of Gabapentin. Guidelines do not support a brand name medication over generic. There is no rationale that one is better than another. Therefore the request for Neurontin 600 mg was not medically necessary.