MAXIMUS Federal Services

Case Number:	CM14-0124696		
Date Assigned:	08/08/2014	Date of Injury:	03/13/2001
Decision Date:	09/11/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/06/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 56-year-old female with a reported date of injury on 03/13/2001. The mechanism of injury was noted to be a lifting injury. Her diagnoses were noted to include persistent neck pain following a C6-7 anterior cervical discectomy and fusion with possible C5-6 junctional syndrome, persistent low back pain, and persistent chronic pain syndrome. Her previous treatments were noted to include surgery, medications, and psychiatric treatment. The progress note dated 06/18/2014 revealed the injured worker complained of head, neck, back, shoulders, wrist and knee pain. She described the pain as aching, burning, and stabbing with numbness and pins and needles rated 8/10. The physical examination of the cervical spine revealed tenderness to palpation of the paraspinous musculature of the cervical and thoracic regions. There was tenderness about the insertion of the paraspinal muscles at the occiput and bilateral trapezial muscle tenderness. The range of motion was decreased and upper extremity reflexes were 2+ bilaterally and symmetrical. The lumbar spine examination revealed tenderness in the paraspinous musculature of the thoracic and lumbar spines with a decreased range of motion and a negative straight leg raise. The deep tendon reflexes were 2+ bilaterally and symmetrical and there was decreased sensation about the C5-6 dermatomes, as well as the right L4, L5, and S1 dermatomes. The Request for Authorization Form dated 06/18/2014 was for Ultram 1 to 2 every 4 to 6 hours as needed for pain #90, Gabapentin 600 mg 1 two to 3 times a day as needed for neuropathic pain, Lyrica 75 mg twice a day #60 for neuropathic pain, and a re-evaluation within 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #90: Upheld

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

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

Decision rationale: The injured worker has been utilizing this medication, Ultram, since at least 04/2013. 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 for 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 with the use of medications. There is a lack of documentation regarding improved functional status in regards to activities of daily living with the use of medications. There is lack of documentation regarding side effects. The last drug screen performed was 04/2013 and the guidelines recommend yearly drug screening. Therefore, due to the lack of evidence of decreased pain, improved functional status, side effects, and a urine drug screen that was over a year old, the ongoing use of opioid medications is not supported by the guidelines. As such, the request is not medically necessary.

Gabapentin 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs, Gabapentin.

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

Decision rationale: The injured worker has been utilizing this medication since at least 04/2013. The California Chronic Pain Medical Treatment Guidelines state gabapentin is an anti-epilepsy drug 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. There is a lack of documentation regarding efficacy of this medication and the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Lyrica 75mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs, Lyrica.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16, 19.

Decision rationale: The injured worker has been utilizing this medication since at least 04/2013. The California Chronic Pain Medical Treatment Guidelines recommend anti-epilepsy drugs for neuropathic pain (pain due to nerve damage). There is a lack of expert consensus on the treatment of neuropathic pain in general to heterogeneous etiologies, symptoms physical signs and mechanisms. Most randomized controlled trials for the use of this of medication for neuropathic pain have been directed of postherpetic neuralgia and painful polyneuropathy. There are few randomized controlled trials directed at central pain and none for pain relief radiculopathy. The guidelines state Lyrica has been documented to be effective in the treatment of diabetic neuropathy and postherpetic neuralgia, and has FDA approval for both indications. There is a lack of documentation regarding efficacy of this medication and the request failed to provide the frequency at which this medication is to be utilized. Additionally, the injured worker was also prescribed gabapentin and the documentation provided does not indicate a necessity for 2 anti-epilepsy drugs. Therefore, the request is not medically necessary.

Re-evaluation appointment within 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 15 Stress Related Conditions Page(s): 303.

Decision rationale: The injured worker complains of neck and low back pain. The CA MTUS/ACOEM Guidelines state patients with potentially work-related low back complaints should have follow-up every 3 to 5 days by mid-level practitioner or physical therapist who can counsel the patient about avoiding 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 patient is fully involved in his or her recovery. If the patient has returned to work, these interactions may be conductive on site or by telephone to avoid interfering with modified or full work activities. Since the medication management is not supported, there is a lack of necessity for a follow-up office visit. Therefore, the request is not medically necessary.