

Case Number:	CM14-0152198		
Date Assigned:	09/22/2014	Date of Injury:	06/01/2000
Decision Date:	12/04/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/18/2014

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 49-year-old female who reported an injury on 06/01/2000. The mechanism of injury was not submitted for review. The injured worker had a diagnosis of cervicalgia with bilateral radiculopathy, extensive myofascial syndrome, carpal tunnel and cubital syndrome bilaterally, shoulder arthropathy, peritrochanteric bursitis, spinal cord effacement of the cervical spine with neurological findings status post spinal cord decompression, spinal cord stimulator trial, completed detoxification at [REDACTED] Pain Program, completion of [REDACTED] Program, and central pain. Past medical treatments consisted of surgery, physical therapy, [REDACTED] program, spinal cord stimulator, and medication therapy. Medications consisted of methadone 10 mg, Hydromorphone 8 mg, Gabapentin 1500 mg, Cymbalta 30 mg, Lorazepam 0.5 mg, and Phenergan 25 mg. No diagnostics were submitted for review. On 08/04/2014, the injured worker complained of neck and upper extremity pain. It was noted in the physical examination that the injured worker rated the pain at a 7/10. It was also noted on physical examination that there were muscle spasms around the neck and in the upper trapezius muscle groups bilaterally. There were multilevel tender and trigger point areas in the upper trapezius muscle groups with tenderness in the upper rhomboid muscles as well. Subjectively, the injured worker continued to have radicular symptoms in the upper extremities, worse on the right side. She continued to note subjective burning and dysesthesias in the right upper extremity. There was a general decrease in range of motion in the cervical to flexion, extension, and lateral rotation. The injured worker had motor weakness in both the right and left upper extremities, much more significant on the right. There were also sensory deficits to light touch, thermal and vibratory sensation in the upper extremities bilaterally. The injured worker remained weak in hand grip. The cervical spasms also tended to trigger cervicogenic headaches. The medical treatment plan was for the injured worker to

continue the use of medication therapy. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61.

Decision rationale: The request for methadone is not medically necessary. The submitted documentation showed physical objective deficits on examination. However, there were no assessments submitted for review showing what pain levels were before, during and after medication administration. Additionally, the provider did not submit a rationale to warrant the continuation of the medication. Furthermore, it was not indicated in the submitted report if the injured worker had trialed and failed any first line conservative treatment. Given the above, the injured worker is not within the recommend MTUS guidelines. As such, the request is not medically necessary.

Hydromorphone 8mg #150: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78 and 93.

Decision rationale: The request for Hydromorphone is not medically necessary. The submitted documentation lacked the efficacy of the medication, nor did it indicate that the medication was helping with any functional deficits the injured worker might have had. Additionally, there was no urinalysis or drug screens submitted for review showing that the injured worker was compliant with medication prescriptions. Furthermore, there were no submitted assessments indicating what pain levels were before, during, and after medication administration, nor was there a rationale submitted for review to warrant the continuation of the medication. Given the above, the injured worker is not within the MTUS recommended guideline criteria. As such, the request is not medically necessary.

Phenergan 25mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Antiemetics (for opioid nausea).

Decision rationale: The request for Phenergan is not medically necessary. The submitted documentation lacked any indication of the injured worker having suffered from opioid induced nausea. According to the Official Disability Guidelines, Phenergan is not recommended for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting are common with opioid use. These side effects tend to diminish over days to weeks of continued exposure. It was indicated in the submitted documentation that the injured worker had been taking the Phenergan since at least 08/2014, exceeding the recommended guideline criteria for short term use. Additionally, the request as submitted is for Phenergan 25 mg with a quantity of 90, equaling approximately a 3 month use, also exceeds recommended guidelines for a short term duration of less than 4 weeks. Given the above, the injured worker is not within the recommend guideline criteria. As such, the request is not medically necessary.

Gabapentin 1500mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-epilepsy Drugs (Gabapentin) Page(s): 18.

Decision rationale: The request for Gabapentin 1500 mg is not medically necessary. The California MTUS Guidelines note that relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from the modality should include evaluating the effect of the pain relief in relation to improvements in function and increased activity. The guidelines note that gabapentin has been shown to be effective for treatment of diabetic neuropathy and post herpetic neuralgia, and has also been considered a first line treatment for neuropathic pain. There was no mention of muscle weakness or numbness, which would indicate neuropathy. It did not appear that the injured worker had a diagnosis which would be congruent with the guideline recommendations. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

Cymbalta 30mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 43.

Decision rationale: The request for Cymbalta is not medically necessary. The California MTUS Guidelines recommend Cymbalta as an option in first line treatment for neuropathic pain. The assessment of treatment efficacy should include not only pain outcomes, but also an

evaluation of function, changes in the use of other analgesic medications, sleep quality and duration, and psychological assessments. There was a lack of evidence of an objective assessment of the injured worker's pain levels. Furthermore, there was a lack of documented evidence of efficacy of the injured worker's medications. Additionally, the frequency and duration were not provided in the submitted request. Given the above, the injured worker is not within the recommend guideline criteria. As such, the request is not medically necessary.

Lorazepam 0.5mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for Lorazepam 0.5 mg is not medically necessary. The California MTUS do not recommend the uses of benzodiazepines for long term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to 4 weeks. The submitted documentation did not indicate how long the injured worker has been on Lorazepam. Additionally, there was a lack of efficacy of the medication in the submitted reports. Furthermore, there was no rationale submitted for review to warrant the continuation of the medication. The request as submitted is for Lorazepam 0.5 mg with a quantity of 90 tablets, equaling approximately a 3 month supply, exceeding the recommended guideline criteria for short term use. Given the above, the injured worker is not within the recommend guidelines. As such, the request is not medically necessary.