MAXIMUS Federal Services

Case Number:	CM14-0153107		
Date Assigned:	09/23/2014	Date of Injury:	01/01/2004
Decision Date:	11/26/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/19/2014

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, has a subspecialty in Interventional Spine 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 patient is a 49 year old with an injury date on 1/1/04. Patient complains of total body pain, especially in the right CMC and right foot/toes, pain rated 7/10 per 8/11/14 report. Patient can do more physically now than before, but is in more pain, and has dizziness and spells of passing out since January 2014 per 8/11/14 report. Based on the 8/11/14 progress report provided by [redacted] the diagnoses are: 1. RSD/CRPS - still has joint allodynia s/p placement spinal cord stimulator 2. Entire right hemibody interfering with all basic mobility and activities of daily living 3. Seizure disorder, vertigo exhibited chronic pain/sleep dysfunction. Exam on 8/11/14 showed "pain in the elbow with range of motion and palpation around joint, exquisite tenderness of right carpal metacarpal joint leading to wincing/crying." [redacted] is requesting Elavil 25mg #60, Norco 10/325mg #120, Gabapentin 600mg #150, and unknown in-home care 4 hours 3 times a week. The utilization review determination being challenged is dated 8/19/14. [redacted] is the requesting provider, and he provided treatment reports from 2/3/14 to 9/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elavil 25mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Elavil; Antidepressants Page(s): 13-16.

Decision rationale: This patient presents with total body pain. The provider has asked for Elavil 25mg #60 on8/11/14. The patient has been taking Elavil since 7/16/14 report. Regarding antidepressants, MTUS recommends for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. In this case, the patient has been taking Elavil since 7/16/14 without documentation of its effectiveness. Regarding medications for chronic pain, MTUS pg. 60 states that a record of pain and function should be recorded. The requested elavil 25mg #60 is not indicated at this time. Therefore, the request for Elavil 25mg #60 is not medically necessary and appropriate.

Norco 10/325 #120:

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: This patient presents with total body pain. The provider has asked for Norco 10/325mg #120 on 8/11/14. Patient has taken Norco since 2/3/14 report. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, activities of daily living (ADLs), adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the provider indicates a decrease in pain with current medications which include the opiate, but there are no discussions of this medication's efficacy in terms of functional improvement, quality of life change, or increase in activities of daily living. There is no discussion regarding urine toxicology, or other opiate management issues. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. Therefore, the request for Norco 10/325 #120 is not medically necessary and appropriate.

Gabapentin 600mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16, 18.

Decision rationale: This patient presents with total body pain. The provider has asked for Gabapentin 600mg #150 on 8/11/14. The patient has been using Gabapentin since 2/3/14. Regarding anti-convulsants, MTUS guidelines recommend for neuropathic pain, and necessitate documentation of improvement of function, side effects, and pain relief of at least 30% a lack of which would require: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. Gabapentin is recommended by MTUS as a trial for chronic neuropathic pain that is associated with spinal cord injury and CRPS, fibromyalgia, lumbar spinal stenosis. In this case, the patient does present with fibromyalgia and CRPS. The provider does increase dosage of Gabapentin on 5/7/14, but does not mention its effectiveness. Regarding medications for chronic pain, MTUS pg. 60 states that a record of pain and function should be recorded. The requested Gabapentin 600mg #150 is not indicated at this time. Therefore, the request for Gabapentin 600mg #150 is not medically necessary and appropriate.

Unknown in-home Care 4 Hours 3 Times a Week: 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 Home health services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Home Health Services.

Decision rationale: This patient presents with total body pain. The provider has asked for unknown in-home care 4 hours 3 times a week on 8/11/14 "for laundry, cleaning, meal prep." Patient is not doing any cooking/cleaning, and dressing/bathing herself takes 2 hours per 8/11/14 report. Regarding home health services, MTUS recommends only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. In this case, patient does require home care assistance for condition, but requested home care 4 hours 3 times a week does not include a timeframe or end-date. This request is open-ended in duration, while ODG recommends on a part-time or intermittent basis. Due to lack of specificity in request is not medically necessary and appropriate.