

Case Number:	CM14-0157156		
Date Assigned:	09/30/2014	Date of Injury:	05/23/2001
Decision Date:	10/28/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/25/2014

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, Pain 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 64-year-old female who sustained a remote industrial injury on 05/23/01 and was diagnosed with degenerative disc disease of the lumbar spine and right reverse total shoulder arthroplasty. Mechanism of injury occurred when the patient tripped and fell over a large box of books, landing with all her weight on her right upper extremity. The requests for Percocet 10/325mg #120 x2 refills and Oxycontin #60 20mg x2 refills were non-certified at utilization review due to the lack of documentation of functional benefit or reduced pain scores with the use of these medications and the lack of monitoring for drug aberrant behavior. The request for Celebrex 200mg #30 x2 refills was also non-certified at utilization review due to the lack of documentation of obtained benefit with this medication, while the request for Gabapentin 400mg #30 x2 refills was non-certified at utilization review due to the lack of indication of neuropathic pain in the patient's history or physical examination. The most recent progress note provided is 09/10/14. This progress report is handwritten and barely legible. It appears the patient complains primarily of right shoulder and lower back pain. Physical exam findings are largely illegible. Current medications appear to include: Oxycontin 20mg one tablet twice a day, Percocet 10/325mg as needed, Celebrex 200mg, and Gabapentin 400mg. It is noted that the patient is retired. Provided documents include previous requests for authorization, previous progress reports that note the patient was also prescribed the requested medications on 07/30/14, dental treatment records that indicate the patient has been prescribed Celebrex and opioid medication since at least 2009, a previous utilization review, and an agreed medical dental re-evaluation. On 01/28/13, the patient's medication list included Oxycontin. The patient's previous treatments include right reverse total shoulder arthroplasty, right knee arthroplasty, Toradol injections, and medications. Diagnostic studies provided include an EMG/NCV of the right upper extremity,

performed on 05/02/13. The interpretation of this study reveals findings compatible with a partial chronic right axillary neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #120 x2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: According to MTUS guidelines, on-going management of opioids consists of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." In this case, the treating physician does not quantifiably document any functional improvement or pain relief with visual analog scale scores pre- and post-opioid use. There is also no documentation of a pain contract on file or a urine drug screen performed to monitor compliance and screen for aberrant behavior. Lastly, the dosing frequency of this medication is not specified in the request and refills are not supported because ongoing monitoring of analgesic effect and aberrant behavior is necessary for ongoing use. Due to this lack of documentation, the ongoing use of chronic opioids is not supported by MTUS guidelines and the requested Percocet 10/325mg #120 x2 Refills is not medically necessary.

Celebrex 200mg #30 x2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications and NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22, 67.

Decision rationale: Documentation provided for review does not identify significant functional/vocational benefit with the use of Celebrex and the medical records indicate the patient has been prescribed this medication since at least 2009. Furthermore, MTUS guidelines indicate that NSAIDs should be used at the lowest dose possible for the shortest duration possible for moderate to severe pain but given the patient's date of injury in 2001, ongoing chronic NSAID use would not be supported. Lastly, the dosing frequency of this medication is not specified in the request and refills are not supported because ongoing monitoring of analgesic effect is necessary for ongoing use. For these reasons, medical necessity is not supported for Celebrex 200mg #30 x2 Refills.

Gabapentin 400mg #30 x2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-19.

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

Decision rationale: California MTUS guidelines support the use of anti-epileptics for the treatment of chronic pain, particularly that which is neuropathic in nature. In this case, provided documentation does not identify the patient to have ongoing symptoms of neuropathic pain in the subjective or objective findings. MTUS guidelines further cite, "After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects." Documentation provided does not highlight such pain relief and improvement in function necessary to continue the use of Anti-epilepsy drugs. Lastly, the dosing frequency of this medication is not specified in the request and refills are not supported because ongoing monitoring of analgesic effect is necessary for ongoing use. Due to this lack of documentation, medical necessity cannot be supported for the request for Gabapentin 400mg #30 x2 Refills.

Oxycontin 20mg #60 x2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Page(s): 76-80.

Decision rationale: According to MTUS guidelines, on-going management of opioids consists of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." In this case, the treating physician does not quantifiably document any functional improvement or pain relief with visual analog scale scores pre- and post-opioid use. There is also no documentation of a pain contract on file or a urine drug screen performed to monitor compliance and screen for aberrant behavior. Lastly, the dosing frequency of this medication is not specified in the request and refills are not supported because ongoing monitoring of analgesic effect and aberrant behavior is necessary for ongoing use. Due to this lack of documentation, the ongoing use of chronic opioids is not supported by MTUS guidelines and the requested Oxycontin 20mg #60 x2 Refills is not medically necessary.