

Case Number:	CM14-0164053		
Date Assigned:	10/08/2014	Date of Injury:	10/25/2000
Decision Date:	11/20/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/06/2014

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, 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 58 year-old male with the date of injury of 10/25/2000. The patient presents pain in his head, neck and lower back. The patient rates his pain 5-7/10 on the pain scale, with medication and 8-9/10 without medication. The patient presents limited range of neck motion with tenderness to palpation. The patient is currently taking Endocet, Percocet, Neurontin, Senna, Baclofen and Cymbalta. According to [REDACTED] report on 07/30/2014, diagnostic impressions are: 1. Neuropathic pain of the upper and lower extremities 2. S/P right shoulder arthroscopy on 11/15/2007 3. S/P anterior and posterior fusion on 11/12/2008 4. Failed neck surgery 5. Disc protusion at L3 through S1 with moderate bilateral neural foraminal stenosis 6. Lumbar radiculopathy 7. Facet arthropathy at L3-L4, L4-L5, L5-S1 bilaterally 8. Mild left greater than right carpal tunnel syndrome 9. Mild left ulnar neuropathy 10. Mild acute-on-chronic C6-C7 radiculopathy 11. Chronic pain syndrome The utilization review determination being challenged is dated on 09/17/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 03/26/2014 to 08/14/2014. 10/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Endocet 10-325mg 1 tab PO every 4 hours PRN pain, #150 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 88-89; 76-78.

Decision rationale: The patient presents with pain and weakness in his neck, lower back, and extremities. The patient is status post multiple surgeries, including failed neck surgery. The request is for Endocet 10-325 mg 1tab PO every 4 hours PRN pain #150. For chronic opiate use, MTUS guidelines page 88 and 89 require functioning documentation using a numerical scale or validated instrument at least once every six month, and page 78 requires documentation of the 4A's (analgesia, ADLs, adverse side effects, adverse behavior). Furthermore, under outcome measure, it also recommends documentation of chronic pain, average pain, least pain, the time it takes for medication to work, duration of pain relief with medication, etc. There are no reports that specifically discuss this request, except the purpose of this medication. There is no indication of exactly when the patient began taking Endocet or how Endocet has been helpful in terms of decreased pain or functional improvement. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request is not medically necessary.

Nuerontin 800 mg 1 tab PO TID #90 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18-19.

Decision rationale: The patient presents with pain and weakness in his neck, lower back, and extremities. The patient is status post multiple surgeries, including failed neck surgery. The request is for Neurontin 800 mg #90. MTUS guidelines page 18 and 19 states that "'Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain.'" The patient appears to have a neuropathic pain component, with positive neurological findings on diagnoses, including neuropathic pain of the upper and lower extremities, right carpal tunnel syndrome and left ulnar neuropathy. However, the treater does not discuss that it is working in improving pain and function. MTUS guidelines page 60 require recording of pain and function when medications are used for chronic pain. The request is not medically necessary.

Senna-Gen 8.6 mg 2 tablets PO BID #120 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Under the heading: Therapeutic Trial of Opioids criteria for use of opioids Page(s): 77; 76-7.

Decision rationale: The patient presents with pain and weakness in his neck, lower back, and extremities. The patient is status post multiple surgeries, including failed neck surgery. The request is for Senna-Gen 8.6mg 2 tablets PO BID #60. The MTUS guidelines page 76-78 discusses prophylactic medication for constipation when opiates are used. In this case, medical records indicate this patient has been taking opiates on a long term basis, specifically Endocet and Percocet since at least 03/26/2014. The requested Senokot (Senna-Gen) is medically necessary.

Lioresal 20 mg 1 tab PO TID #90 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: The patient presents with pain and weakness in his neck, lower back, and extremities. The patient is status post multiple surgeries, including failed neck surgery. The request is for Lioresal 20mg 1tab PO TID #60. MTUS Guidelines page 63 states, "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exasperations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility." MTUS page 64 recommends muscle relaxant as a short-course of therapy. There is no indication of exactly when the patient began taking Baclofen (Lioresal) or how Lioresal has been helping in terms of decreased pain or functional improvement. The treater does not indicate that this medication is to be used for a short term. MTUS guidelines allow no more than 2-3 weeks of muscle relaxants to address flare-up's. The request is not medically necessary.