

Case Number:	CM14-0164281		
Date Assigned:	10/09/2014	Date of Injury:	04/13/2010
Decision Date:	11/10/2014	UR Denial Date:	09/19/2014
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 Occupational Medicine and is licensed to practice in Montana. 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 heavy duty tow truck operator with a date of injury of 4/13/10, when he slipped and fell on a truck ramp. He continues to complain of low back, thoracic, and cervical pain as well as right wrist pain. The records indicate that he is not currently able to work. Treatment has included chiropractic care, physical therapy, acupuncture, cervical injections and medications. Medications since January 2014, or earlier, have included Norco, Lorazepam, Gabapentin, Soma, Nexium and Omeprazole. The primary treating physician has requested retro approval for Norco 10/325 #180, Lorazepam 1 mg #60 and Gabapentin 600 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Retrospective request for Norco 10/325mg #180 (DOS 8/20/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 78, 91.

Decision rationale: Norco is a brand name for Hydrocodone, a short-acting opioid analgesic, combined with Acetaminophen. The MTUS states that opioids are not recommended as first line therapy for neuropathic pain. Opioids are suggested for neuropathic pain that has not responded

to first line recommendations including antidepressants and anticonvulsants. The MTUS states that reasonable alternatives to opioid use should be attempted. There should be a trial of non-opioid analgesics. When subjective complaints do not correlate with clinical studies a second opinion with a pain specialist and a psychological assessment should be obtained. The lowest possible dose should be prescribed to improve pain and function. Ongoing use of Hydrocodone/Acetaminophen requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The medical records show use of Norco since August 2012 with no documentation of decreased pain, improved function or ability to return to work. The least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts is not reported. There has not been any documented attempt to decrease or wean medication over time. Previous utilization review on 6/30/14 noted lack of documented improvement and recommended weaning off the medication. The request for Norco (Hydrocodone/Acetaminophen) 10/325 #180 retro is not medically necessary.

1 Retrospective request for Lorazepam 1mg #60 (DOS 8/20/2014): Upheld

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

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

Decision rationale: Lorazepam is a benzodiazepine type of medication. The MTUS notes that benzodiazepines are not recommended 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 range of action includes sedative/hypnotic, anxiolytic, anticonvulsants, and muscle relaxant. Chronic benzodiazepines are the treatment of choice and very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The medical records indicate that the injured worker has been on Lorazepam on a long-term basis since at least February 2014. In this case the request for Lorazepam 1mg #60 retro, is not supported in the MTUS guidelines and is not medically necessary.

1 Retrospective request of Gabapentin (Neurontin) 600mg #90 (DOS 8/20/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drug (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drug (AEDs) Page(s): 18-19.

Decision rationale: Gabapentin is an anti-epilepsy drug. The MTUS recommends use of antiepileptic drugs for neuropathic pain. Most randomized controlled trials for the use of this class of medications for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy. There are few randomized control trials directed at central pain and none for painful radiculopathy. The choice of specific agents depends on the balance between effectiveness and adverse reactions. A good response to the use of antiepileptic drugs is defined as a 50% reduction in pain and a moderate response as a 30% reduction. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects that occurred with use. The continued use of antiepileptic drugs depends on improved outcomes versus tolerability of adverse effects. Gabapentin 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 medical records provided do not support continued use of Gabapentin since there is no reported decrease in pain of 30%-50% or other improved outcomes. The trial period has been adequate for assessment of response. Previous utilization review on 6/30/14 recommended weaning off of Gabapentin due to lack of efficacy. The request for Gabapentin 600mg #90 retro is not supported in the MTUS and is not medically necessary.