

Case Number:	CM14-0025135		
Date Assigned:	06/16/2014	Date of Injury:	10/03/2012
Decision Date:	12/31/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	02/27/2014

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 & Rehabilitation, has a subspecialty in 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:

The patient is a 43 year old female with date of injury 10/03/12. The treating physician report dated 12/18/13 indicates that the patient presents with pain affecting the neck and head on a level of 10/10. The physical examination findings reveal no cervical lordosis, asymmetry or abnormal curvature noted on inspection of the cervical spine. ROM is restricted with flexion limited to 35 degrees, extension limited to 25 degrees, lateral rotation to the left limited to 20 degrees, lateral rotation to the right limited to 30 degrees and pain with extension (0 degrees), right lateral bending and lateral rotation to the right. On examination of paravertebral muscles, hypertonicity and tenderness is noted on both sides. Patient is currently taking medications including Robaxin, Oxycodone, Neurontin and Cymbalta. Prior treatment history includes prescribed medications including Hydrocodone, Nucynta, Horizant and Lyrica. MRI findings reveal an infratentorial arachnoid cyst above the superior cerebellar vermis and minimal disc bulge at C7-T1 measuring 2mm. The current diagnoses are: 1) 723.3, 2) Cervical pain, 3) Post-concussion syndrome, 4) Disc disorder cervical, 5) Headache/Facial pain, 6) Cervical strain. There was no utilization review in the documents provided. The "Notice of Assignment and Request for Information" document dated 6/16/14 notes that the UR denial date was 2/26/14 but a reason for denial was not provided. The patient presents with chronic pain to neck and head on a level of 10/10 over 26 months post injury. The current request is for Voltaren 1% gel 100GM tube, Oxycodone HCL 5mg Tab #60, Robaxin 500mg #60 and Neurotin 300mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% gel 100gm tube: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: The patient presents with chronic pain to neck and head on a level of 10/10 over 26 months post injury. The current request is for Voltaren 1% gel 100GM tube. MTUS page 111 of the chronic pain section states the following regarding topical analgesics, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents." The treating physician does not provide any discussion regarding the efficacy and use of this topical product. Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis and there is no diagnosis of this. In the treating physicians report dated 12/18/13 there is no mention of Voltaren 1% gel anywhere in the report. This was the only report provided. The request is not medically necessary.

Oxycodone HCL 5mg Tab: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72-96.

Decision rationale: The patient presents with chronic pain to neck and head on a level of 10/10 over 26 months post injury. The current request is for Oxycodone HCL 5mg Tab #60. MTUS does recommend Oxycodone for the treatment of moderate to severe pain. MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). There were no other reports provided to compare her current pain levels and the report dated 12/18/13 noted that medications are becoming less effective and symptoms have not improved. In this case, even though the patients pain level is a 10/10, it is unknown how long the patient has been taking Oxycodone, the treating physician has not made any statements regarding the four A's nor is there any evidence that her pain has been assessed and measured at 6 month intervals while taking the medication. The request is not medically necessary.

Robaxin 500mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-65.

Decision rationale: The patient presents with chronic pain to neck and head on a level of 10/10 over 26 months post injury. The current request is for Robaxin 500mg #60. MTUS page 63 states the following about muscle relaxants, "Recommend non-sedating muscle relaxants with caution as a second-line short term treatment of acute exacerbations in patients with chronic LBP." There was only one treating physician report provided. This report dated 12/18/13 notes that the patient was taking Robaxin 500mg twice daily as needed. Seeing that this report was dated over 12 months ago would suggest that the patient has been taking the medication beyond the recommended short term treatment. In this case there is documentation of acute muscle spasms affecting facial muscles, but there is no documentation of an improvement in symptoms or ADLs that would require the usage of Robaxin above and beyond the MTUS guidelines. The request is not medically necessary.

Neurontin 300 mg, #60: Upheld

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

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

Decision rationale: The patient presents with chronic pain to neck and head on a level of 10/10 over 26 months post injury. The current request is for Neurontin 300mg #60. MTUS pages 18 and 19 states "Gabapentin (Neurontin) 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. (Backonja, 2002) This RCT concluded that Gabapentin monotherapy appears to be efficacious for the treatment of pain and sleep interference associated with diabetic peripheral neuropathy and exhibits positive effects on mood and quality of life." While it is unknown how long the patient has been taking Neurontin, the treating physician has not documented that the patient has experienced functional improvement with her current medications as recommended in the MTUS page 60. The request is not medically necessary.