MAXIMUS Federal Services

Case Number:	CM14-0038564		
Date Assigned:	06/27/2014	Date of Injury:	02/18/2004
Decision Date:	08/06/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/02/2014

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 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 applicant is a represented [redacted] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of February 18, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; adjuvant medications; attorney representation; and transfer of care to and from various providers in various specialties. In Utilization Review Report dated March 26, 2014, the claims administrator denied a request for MiraLax, Neurontin, Norco, and Ultram. The applicant's attorney subsequently appealed. In a June 18, 2014 progress note, the applicant was described as reporting persistent bilateral neck and shoulder pain. The applicant apparently had complaints of pain radiating to the left arm and apparently had electrodiagnostic testing suggestive of carpal tunnel syndrome. The applicant was using Neurontin for neuropathic pain, it was suggested. The applicant stated tramadol and occasional hydrocodone controlled her pain. The applicant was using Zestoretic, Coumadin, Lipitor, Pepcid, Tramadol, Allegra, Vicodin, MiraLax, Neurontin, Ultram, and Norco overall, it was stated. It was stated that Vicodin/Norco was used extremely sparingly and tramadol was the applicant's primary analgesic agent. A variety of medications were refilled. The applicant was described as permanent and stationary. It was stated that the applicant should continue activities as tolerated and avoid exacerbating factors. It was seemingly stated that the applicant felt that her pain was controlled on her current medication regimen. It was stated the applicant's performance of unspecific activities of daily living was improved with medication usage, although this was not elaborated upon. In an earlier note of May 14, 2014, the applicant was again described as reporting persistent neck pain and upper extremity dysesthesias. Hydrocodone was using only sparingly for severe pain, it was stated. The applicant was reportedly deriving appropriate reductions in pain symptoms with opioid therapy, it was stated. A slowly offending course of Neurontin was reportedly started for

chronic radiculitis. On March 17, 2014, the applicant stated that her current medication combination was diminishing her pain levels about 50% and allowed her to perform activities of daily living such as articles of self-care, personal hygiene, meal preparation, and housework, although it was suggested that these were nevertheless difficult with pain medications. The applicant was using MiraLax for opioid-induced constipation, it was stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Miralax 17gm oral powder #466gms times 6 months: Overturned

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 Page 77, Initiating Therapy section. Page(s): 77.

Decision rationale: As noted on page 77 of the MTUS Chronic Pain Guidelines, prophylactic initiation of treatment for constipation is indicated in applicants using opioids chronically. In this case, the applicant is, in fact, using opioids chronically. The applicant has, moreover, personally reported symptoms of opioid-induced constipation. Introduction and/or ongoing usage of MiraLax to combat the opioid-induced constipation is supported by page 77 of the MTUS Chronic Pain Guidelines. As such, the request is medically necessary and appropriate.

Neurontin 300mg #120 times 6 months: Overturned

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 page 49, Gabapentin topic. Page(s): 49.

Decision rationale: As noted on page 49 of the MTUS Chronic Pain Guidelines, Gabapentin or Neurontin is considered a first-line treatment for naturopathic pain. In this case, the applicant has apparent symptoms of neuropathic pain associated with cervical radiculopathy and/or superimposed carpal tunnel syndrome. The attending provider has posited that ongoing usage of pain medications, including ongoing Gabapentin usage, has produced improvements in the applicant's ability to perform activities of self-care, personal hygiene, and hand activities, including meal preparation. Ongoing usage of Gabapentin in conjunction with the applicant's other medications has seemingly diminished her pain score by 50%. It further appears that ongoing usage of Gabapentin has in fact diminished the applicant's opioid consumption. Therefore, the request is medically necessary.

Norco 5/325mg #120 times six months: Overturned

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 Page 80, When to Continue Opioids topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, it does not appear that the applicant has returned to work. Nevertheless, the attending provider has seemingly posited that intermittent, sporadic usage of Norco is diminishing complaints of severe pain, if and when they arise. The attending provider has further posited that ongoing usage of Norco is quite rare and if the applicant primarily uses tramadol for pain relief. The 120 tablets, six months' supply of Norco does in fact suggest usage of 20 tablets of Norco a month, which amounts to less than one tablet of Norco per day. This is, indeed, rare and sparing usage, as suggested by the attending provider. Given the improvements in function and reductions in pain recounted by the attending provider with ongoing medication usage, including sporadic Norco usage, continuation of the same is indicated. Therefore, the request is medically necessary.

Ultram 50mg #200 times six months: Overturned

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 Page 80, When to Continue Opioids topic. Page(s): 80.

Decision rationale: As with the request for Norco, the applicant seemingly meets two of the three criteria set forth on page 80 of the MTUS Chronic Pain Guidelines for continuation of opioid therapy. Specifically, the applicant has reported reduction in pain levels by 50% and associated improvements in function, including ability to use the arms, perform meal preparation, etc., with ongoing tramadol usage. Therefore, the request is medically necessary.