

Case Number:	CM14-0039215		
Date Assigned:	07/21/2014	Date of Injury:	07/15/2010
Decision Date:	08/26/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	04/03/2014

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 claimant was injured on 07/15/10. Her medications are under review. According to a peer review report, but without any original clinical documentation, she presented on 02/25/14 with neck and left shoulder pain at level 8/10 and requested a Toradol injection. She had a urine drug screen. Objective examination showed normal reflex, sensory, and power testing of the bilateral upper and lower extremities. She had a normal gait. Her cervical spine range of motion was decreased by about 30% and her left shoulder range of motion was decreased by about 10%. She was diagnosed with a herniated nucleus pulposus at 2 levels and was status post ACDF at C5-7 and left shoulder surgery. Her neck surgery was in December 2010 and shoulder surgery in June 2011. Hydrocodone/APAP, Anaprox, Neurontin, Cymbalta, and Prilosec were certified and meperidine, Norco, Fexmid, and Ultram were non-certified. There are no original office notes other than a request for an appeal. The appeal letter does not describe the claimant's pattern of use of medications or the current symptoms and findings that support continued use of these medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain, 4 A's, page 110; Medications for Chronic Pain, page 94 Page(s): 94.

Decision rationale: The history and documentation do not objectively support the request for the use of the opioid hydrocodone. The MTUS outlines several components of initiating and continuing opioid treatment and states "a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen or nonsteroidal anti-inflammatory drugs. MTUS further explains, "pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." There is also no indication that periodic monitoring of the claimant's pattern of use and a response to this medication, including assessment of pain relief and functional benefit, has been or will be done. There is no evidence that she has been involved in an ongoing rehab program to help maintain any benefits she received from treatment measures. Additionally, the 4A's "analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors" should be followed and documented per the guidelines. The claimant's pattern of use of hydrocodone and the duration of use are unknown. There is no evidence that a signed pain agreement is on file at the provider's office and no evidence that a pain diary has been recommended and is being kept by the claimant and reviewed by the prescriber. As such, the medical necessity of the ongoing use of hydrocodone has not been clearly demonstrated. There is no evidence that she has been involved in an ongoing rehab program to help maintain any benefits she received from treatment measures. However, a one month supply (#90) of this medication is recommended for the purpose of weaning since prolonged use has likely occurred based solely on the history of chronic pain. This recommendation is based on the assumption, which may be wrong, that the claimant has also been taking Norco and meperidine which appears to be a duplication of medication.

Meperidine: Upheld

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 Opioids for Chronic Pain and the 4 A's, page 110; Medications for Chronic Pain, page 94 Page(s): 94, 110.

Decision rationale: The history and documentation do not objectively support the request for the use of the opioid meperidine. The MTUS outlines several components of initiating and continuing opioid treatment and states "a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen or nonsteroidal anti-inflammatory drugs. MTUS further explains, "pain assessment should include: current pain; the least reported pain over the period

since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." There is also no indication that periodic monitoring of the claimant's pattern of use and a response to this medication, including assessment of pain relief and functional benefit, has been or will be done. There is no evidence that she has been involved in an ongoing rehab program to help maintain any benefits she received from treatment measures. Additionally, the 4A's "analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors" should be followed and documented per the guidelines. The claimant's pattern of use of hydrocodone and the duration of use are unknown. There is no evidence that a signed pain agreement is on file at the provider's office and no evidence that a pain diary has been recommended and is being kept by the claimant and reviewed by the prescriber. As such, the medical necessity of the ongoing use of meperidine has not been clearly demonstrated. There is no evidence that she has been involved in an ongoing rehab program to help maintain any benefits she received from treatment measures. However, a one month supply of this medication is recommended for the purpose of weaning since prolonged use has likely occurred based solely on the history of chronic pain. The quantity recommended cannot be determined as the dosage and frequency of use are not known. This recommendation is made under the assumption, which may be wrong, that the claimant also has been taking hydrocodone and Norco.

Anaprox-ds, 1 tablet twice daily for inflammation #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 102.

Decision rationale: The history and documentation do not objectively support the request for continued use of Anaprox for the claimant's ongoing pain. The CA MTUS p. 102 state re: NSAIDs "Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxen being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008) Back Pain -Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain." In this case, there is no evidence of osteoarthritis and no evidence that the claimant has failed trials of acetaminophen

and local care or exercise. In addition, the MTUS state "before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded. (Mens 2005)" There is no documentation of objective or measurable improvement based on the use of this medication. The claimant's pattern of use of this medication is unclear. There is no evidence that she has been involved in an ongoing rehab program to help maintain any benefits she received from treatment measures. The medical necessity of continued use of Anaprox has not been demonstrated.

Neurontin 800 mg. 1 tablet twice daily #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin, page 83 Page(s): 83.

Decision rationale: The history and documentation do not objectively support the request for the use of gabapentin. The MTUS state "gabapentin (Neurontin) is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which 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." In this case, there is no evidence of any of these indications. There is no indication that the claimant has chronic neuropathic pain. In addition, the MTUS state "before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded. (Mens 2005)" The claimant's pattern of use and objective documentation of significant functional improvement has not been described. There is no evidence that she has been involved in an ongoing rehab program to help maintain any benefits she received from treatment measures. The medical necessity of the continued use of gabapentin has not been demonstrated.

Fexmid 7.5 mg. 1 tablet thrice daily #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 74.

Decision rationale: The history and documentation do not objectively support the request for Fexmid (cyclobenzaprine). The MTUS Chronic Pain Medical Treatment guidelines state for cyclobenzaprine, "recommended as an option, using a short course of therapy. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. (Browning, 2001). Treatment should be brief." Additionally, MTUS and ODG state "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded. (Mens 2005) Uptodate for "Flexeril" also recommends "do not use longer than 2-3 weeks" and is for "short-term (2-3 weeks) use for muscle spasm associated with acute painful musculoskeletal conditions." The medical documentation provided does not establish the need for long-term/chronic usage of Fexmid, which MTUS guidelines advise against. Additionally, the medical records provided do not provide objective findings of acute spasms or a diagnosis of acute spasm. In this case, the claimant's pattern of use of medications, including other first-line drugs such as acetaminophen and anti-inflammatories and the response to them, including relief of symptoms and documentation of functional improvement, have not been described. There is no evidence that she has been involved in an ongoing rehab program to help maintain any benefits she received from treatment measures. The medical necessity of the continued use of Fexmid 7.5 mg TID #1 has not been demonstrated.

Norco 10/325 1 tablet every 4-6 hours PRN #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain and the 4 A's, page 110 and Medications for Chronic Pain, page 94 Page(s): 94.

Decision rationale: The history and documentation do not objectively support the request for the use of the opioid Norco. The MTUS outlines several components of initiating and continuing opioid treatment and states "a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen or nonsteroidal anti-inflammatory drugs. MTUS further explains, "pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." There is also no indication that periodic monitoring of the claimant's pattern of use and a response to this medication, including assessment of pain relief

and functional benefit, has been or will be done. There is no evidence that she has been involved in an ongoing rehab program to help maintain any benefits she received from treatment measures. Additionally, the 4A's "analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors" should be followed and documented per the guidelines. The claimant's pattern of use of Norco and the duration of use are unknown. There is no evidence that a signed pain agreement is on file at the provider's office and no evidence that a pain diary has been recommended and is being kept by the claimant and reviewed by the prescriber. There is no evidence that she has been involved in an ongoing rehab program to help maintain any benefits she received from treatment measures. As such, the medical necessity of the ongoing use of Norco 10/325 mg 1 every 4-6 hours has not been clearly demonstrated. However, a one month supply (#120) of this medication is recommended for the purpose of weaning since prolonged use has likely occurred based solely on the history of chronic pain. This recommendation is based on the assumption, which may be wrong, that the claimant has been taking Norco along with hydrocodone and meperidine.

Ultram 150 mg 1 capsule once daily #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 145.

Decision rationale: The history and documentation do not objectively support the request for tramadol. The MTUS state "tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic." Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded. (Mens 2005) There is no documentation of trials and failure of or intolerance to other more commonly used first line drugs. The expected benefit or indications for the use of this medication have not been stated. There is no evidence that she has been involved in an ongoing rehab program to help maintain any benefits she received from treatment measures. It is not clear what benefit can be anticipated from tramadol when the use of multiple other medications, including opioids (and what appears to be duplication of medications) has occurred. The medical necessity of the use of tramadol 150 mg 1 capsule daily #2 has not been clearly demonstrated.