

Case Number:	CM14-0039229		
Date Assigned:	08/01/2014	Date of Injury:	02/23/1999
Decision Date:	09/03/2014	UR Denial Date:	03/21/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 50 year old male with a work injury dated 2/23/99. The diagnoses include multilevel spondylosis, C5/6 ACDF, C6/7 disc extrusion with symptoms on the right, chronic pain syndrome, migraine. Under consideration is a request for Hydrocodone/Acetaminophen DOS: 12/15/13; Tramadol HCL DOS: 12/15/13; Gabapentin DOS: 12/06/13; Skelaxin DOS: 12/02/13; Celebrex DOS: 12/02/13; Gabapentin DOS: 12/02/13; Treximet DOS: 12/02/13. There is a 6/7/14 office visit that states that the patient has neck pain "off and on" for years. Gets trigger point injections by PCP every 4-6 months prn. In April when he received injection had shooting pain, numbness and tingling down right arm. Cervical MRI ordered. The current outpatient medications include: Treximet; Topamax; Neurontin; Zanaflex; Celebrex; Neurontin; Skelaxin; Lunesta; Ultram; Norco 7.5/325; Cymbalta; Sumatriptan. The past medical history includes headaches and central cord syndrome--2006. The past surgeries include ACDF () C1/2 dislocation with spinal cord injury. The objective findings are 5/5 muscle strength in the deltoids, triceps. The reflexes are 2/4 both brachioradialis and both biceps. The Spurling's maneuver to the left caused right arm pain. The Hoffman and Lhermitte's are negative. The Phalen and Tinel are positive on the right wrist. The treatment plan includes cervical ESI and PT. There is a 9/27/13 follow up appointment that states that the patient comes for a follow up visit. The patient has a new trigger of pain in left upper back; "it isn't my shoulder blade. I don't know how it is happening; I am not doing anything different." The patient denies heavy lifting or new activity. Pain is intermittent and can be random. Migraine-no change in severity or quality of headache. The patient has mild daily headaches with one full blown migraine per week for the most part. Mood is generally good. Pt reports he is trying to eat well for cholesterol. The exam reveals no extremity clubbing, cyanosis, or edema. Neurologic Exam: Non-focal exam,

gait normal. The treatment plan includes: Continue Voltaren Topical gel, 1%, 4 g, applied topically, 4 times a day as needed for pain; continue Tizanidine tablet, 4 mg, 4 tabs), orally, Q8H; continue Skelaxin Tablet, 800, 1 tab, orally, three times a day; continue Cymbalta delayed release capsule, 60mg, 2 capes), orally, once a day; continue gabapentin capsule, 300 mg, 1 capes), orally, twice a day; continue Neurontin tablet, 600 mg, 1 tabs), orally, three times a day; continue Norco tablet, 325 mg-10 mg, 1-2 tabs), orally, Q4-6H prn pain; Continue Celebrex Capsule, 200, 1 cap, orally, twice a day; Continue tramadol tablet, 50 mg, 1-2 tabs, orally, Q 4-6 hours pm pain, max 8 tabs in 1 day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen DOS 12/15/13: 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, criteria for use Page(s): 76-80.

Decision rationale: The documentation does not have an attached date of service visit from 12/15/13. The documentation submitted is not clear on patient's ongoing review and documentation of pain relief, functional status and on-going medication management or treatment plan. This would include appropriate medication use, and side effects. 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 no indication that the medication has improved patient's pain or functioning to a significant degree therefore the request for Hydrocodone/Acetaminophen is not medically necessary.

Tramadol HCL DOS 12/15/13: 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 criteria for use Page(s): 76-80.

Decision rationale: The documentation does not have an attached date of service visit from 12/15/13. The documentation submitted is not clear on patient's ongoing review and documentation of pain relief, functional status and on-going medication management or treatment plan. This would include appropriate medication use, and side effects. 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 no indication that the medication has improved patient's pain or

functioning to a significant degree therefore the request for Tramadol HCL is not medically necessary.

Gabapentin DOS 12/6/13: 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 Antiepilepsy drugs (AEDs) Page(s): 16-17.

Decision rationale: The guidelines state that Gabapentin is the first-line treatment for neuropathic pain. The documentation does not have a date of service from 12/6/13. There is no evidence from documentation submitted of functional improvement or improvement in pain from prior use of Gabapentin. The request for Gabapentin is not medically necessary.

Skelaxin DOS 12/2/13: 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 Metaxalone (Skelaxin) Page(s): 61.

Decision rationale: The documentation does not have a date of service from 12/2/13. The MTUS guidelines do not recommend muscle relaxants for more than a short period of use. The documentation indicates that the patient has been on this medication long term without significant improvement in pain/analgesia or function. There is no documentation of muscle spasm. The request for Skelaxin is not medically necessary.

Celebrex DOS 12/2/13: 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 Anti-inflammatory medication Page(s): 22.

Decision rationale: The guidelines state that antiinflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Celebrex may be considered if the patient has a risk of GI complications, but not for the majority of patients. The documentation indicates that the patient has been on Celebrex without evidence of functional improvement. The documentation indicates that there is no corresponding clinical notes from 12/2/13. The request for Celebrex is not medically necessary.

Gabapentin DOS 12/2/13: 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 Antiepilepsy drugs (AEDs) Page(s): 16-17.

Decision rationale: The guidelines state that Gabapentin is the first-line treatment for neuropathic pain. The documentation does not have a date of service from 12/6/13. There is no evidence from documentation submitted of functional improvement or improvement in pain from prior use of Gabapentin. The request for Gabapentin DOS 12/2/13 is not medically necessary.

Treximet DOS 12.2/13: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head-Migraine pharmaceutical.

Decision rationale: The documentation does not have a date of service from 12/2/13. The ODG does recommend triptans for migraine patients. The documentation is not clear on my the patient needs the combination of Sumatriptan and Naproxen. The documentation does not indicate that the patent has evidence of functional improvement or analgesic benefit from Treximet. The request for Treximet is not medically necessary.