

Case Number:	CM14-0047454		
Date Assigned:	08/20/2014	Date of Injury:	02/13/2001
Decision Date:	10/10/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/15/2014

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 Pain Medicine and is licensed to practice in Oklahoma. 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 72-year-old male who reported an injury on 02/13/2001. The mechanism of injury was that he was struck by a car at work and sustained injuries to his right femur and lower back. The injured worker's treatment history included medications, wheel chair physical therapy, and MRI studies. The injured worker was evaluated on 03/26/2014 and it was documented that the injured worker complained of increasing numbness and tingling in his distal right upper extremity. The pain level was rated at 8/10. The duration of pain was frequent. Aggravating factors were activities and sitting. Alleviating factors were lying down. The examination of the lumbar/sacral revealed palpation and tenderness along L4-5. Forward flexion was 45 degrees, hyperextension was 10 degrees, and right/left lateral bend was 10 degrees. Straight leg raise was positive on the right and left. The injured worker had an antalgic gait and weakness, and he used a wheelchair. He had decreased strength in the right lower extremity. He had a positive Tinel's on the right cubital tunnel. Medications included Gabapentin 800 mg, Soma 350 mg, Hydrocodone 10/325 mg, methadone HCL 5 mg, Ambien 10 mg, aspirin 81 mg, and Fosamax 70 mg. Diagnoses included failed back syndrome; strain/sprain lumbar region; cubital tunnel syndrome; cervical radiculopathy; foot drop, right; facet arthropathy, lumbar; and carpal tunnel syndrome. The Request for Authorization dated 03/27/2014 was for small electronic transfer wheelchair, Gabapentin 800 mg, Soma 350 mg, and Hydrocodone 10/325 mg, and Methadone 5 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Small electronic transfer wheelchair: 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) Knee & Leg, Durable Medical Equipment.

Decision rationale: The requested Small electronic transfer wheelchair is not medically necessary. According to the Official Disability Guidelines (ODG) state that Durable medical equipment is for medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. Certain durable medical equipment (DME) toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as raised toilet seats, commode chairs, sitz baths, and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. Many assistive devices, such as electric garage door openers, microwave ovens, and golf carts, were designed for the fully mobile, independent adult, and Medicare does not cover most of these items. The request submitted failed to indicate why the provider is requesting the wheel chair because the injured worker already has a wheelchair. As such, the request for Small electronic transfer wheelchair is not medically necessary.

Gabapentin 800 mg, #120, with one refill: 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 Gabapentin (Neurontin), Page(s): 49.

Decision rationale: The requested Gabapentin 800 mg, #120, with one refill is not medically necessary. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines state that Gabapentin 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 post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The request did not include frequency or duration of the medication. Given the above, the request for Gabapentin 800 mg, #120, with one refill is not medically necessary.

Soma 350 mg, #90, with one refill: 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 Carisoprodol (Soma) & Muscle Relaxants Page(s): 29, 63.

Decision rationale: The requested Soma 350 mg, #90, with one refill is not medically necessary. California (MTUS) Chronic Pain Medical Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic lower back pain (LBP). This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers, the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. The documents submitted lacked outcome measurements of conservative care such as, physical therapy, pain medication management, and home exercise regimen. Furthermore, the documentation failed to indicate how long the injured worker has been on Soma. In addition, the guidelines do not recommend Soma to be used for long-term use. The request failed to include frequency and duration of medication. Given the above, the request for Soma 350 mg, #90, with one refill is not medically necessary.

Hydrocodone 10/325 mg, #120: 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): 78.

Decision rationale: The request for Hydrocodone 10/325 mg, #120 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. In addition, there lack of evidence of outcome measurements of conservative care such as, home exercise regimen outcome improvements noted for the injured worker. The documentation submitted for review there was no a urine drug screen submitted to indicate Opioids compliance for the injured worker. The request submitted failed to indicate frequency and duration of medication. As such, the request for Hydrocodone 10/325 mg, #120 is not medically necessary.

Methadone 5 mg, #150: 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 Methadone, Page(s): 61.

Decision rationale: The requested Methadone 5 mg, #150 is not medically necessary. According to the Chronic Pain Medical Treatment Guidelines recommends Methadone as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with this medication. This appears, in part, secondary to the long half-life of the drug (8-59 hours). Pain relief on the other hand only lasts from 4-8 hours. Methadone should only be prescribed by providers experienced in using it. Pharmacokinetics: Genetic differences appear to influence how an individual will respond to this medication. Following oral administration, significantly different blood concentrations may be obtained. Vigilance is suggested in treatment initiation, conversion from another opioid to methadone, and when titrating the methadone dose. Adverse effects: Delayed adverse effects may occur due to methadone accumulation during chronic administration. Systemic toxicity is more likely to occur in patients previously exposed to high doses of opioids. This may be related to tolerance that develops related to the N-methyl- D- aspartate (NMDA) receptor antagonist. Patients may respond to lower doses of methadone than would be expected based on this antagonism. One severe side effect is respiratory depression (which persists longer than the analgesic effect). The provider failed to provide documentation of current urine drug test, attempts at weaning/tapering, and updated and signed pain contract between the provider and the injured worker, as mandated by California Medical Treatment Utilization Schedule (MTUS) guidelines for chronic opiate use. Additionally, the request for methadone failed to indicate duration and frequency for medication use. As such, the request for Methadone 5 mg, #150 is not medically necessary.