

Case Number:	CM14-0074256		
Date Assigned:	07/16/2014	Date of Injury:	09/19/2006
Decision Date:	09/16/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/21/2014

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 injured worker is a 57-year old male who has filed a claim for myospasm with myofascial trigger points, chronic pain secondary to trauma, cervical spondylosis, degenerative disc disease and radiculopathy status post three level cervical fusions with persistent left upper extremity pain and bilateral occipital neuralgia with cervicogenic headaches associated with an industrial injury date of 09-19-2008. He was also diagnosed with delayed cervical fusion last 03/24/14. Medical records from 2013 to 2014 were reviewed. Some of the reports are handwritten and are difficult to decipher. Latest progress reports show that the patient continues to complain of left upper extremity pain rated 7/10 and described as tingling, aching, and numb. He reports soreness in his upper back and increased numbness in his bilateral hands and fingers. He also reports low energy and fatigue. On physical examination of the cervical spine, there is tenderness to palpation throughout the cervical spine, left more than the right. He has myospasm and myofascial trigger points bilaterally in the cervicothoracic region as well as in the occipital ridge. There is pain at the extremes of motion: flexion is to 40 degrees, extension 15, rotation 50 in each direction, lateral flexion to the right is to 15, and lateral flexion to the left is 15. Neurologic exam was noted to be unremarkable with normal and symmetrical reflexes, 5/5 motor strength with arm flexion, extension and shoulder abduction, and intact sensation to light touch. Treatment to date has included cervical spine fusion (08/22/13), physical therapy, home exercises and medications. Medications taken have included Norco, Gabapentin, Baclofen, Soma, Ambien, Zolpidem, Gabapentin+acetyl-L-carnitine, and Flurbiprofen combination cream. He is taking aspirin for his coronary artery disease. The earliest progress report showing use of Norco was December 2012. Earliest progress report citing advice to start Gabapentin was March 2013. No documentation regarding benefits, side effects, or functional improvement with the use of Norco or gabapentin was noted. Medication review for opioids, psychotropic and anti-epileptic medications and urine

drug screenings were regularly done. A Utilization review dated 04/25/14 denied the requests for hydrocodone and gabapentin. CA MTUS requires documentation of ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects for patients utilizing ongoing opioid medication therapy. The patient has been taking hydrocodone in the past. However, there was no documentation of subjective or objective benefit from use of this medication and there is no evidence of appropriate urine drug screening or lack of aberrant behavior and side effects. Per CA MTUS regarding gabapentin, one recommendation for an adequate trial with gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. The patient should be asked at each visit as to whether there has been a change in pain or function. The current documentation does not describe subjective or objective reports of benefit with the use of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 78-79.

Decision rationale: As noted on page 78 of the Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. 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. In this case, the patient has been on Norco since December 2012. Urine drug screening and medication review were regularly done. However, there was no documentation regarding the benefits, functional improvement, or adverse effects were noted in the progress reports. The clinical indication has not been established with the lack of documentation, therefore the request for hydrocodone 10/325 #120 is not medically necessary.

Gabapentin 550 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs. Decision based on Non-MTUS Citation Dworkin, 2003.

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

Decision rationale: According to page 18-19 of the California MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin 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. It is also recommended as a trial for chronic neuropathic pain that is associated with spinal cord injury, fibromyalgia, and lumbar spinal stenosis. This medication is designated as a Schedule V controlled substance because of its causal relationship with euphoria. One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. The patient should be asked at each visit as to whether there has been a change in pain or function. In this case, the patient has been on Gabapentin since March 2013. No documentation regarding the benefits, functional improvement, or adverse effects was noted in the progress reports. The clinical indication has not been established with the lack of documentation. Therefore, the request for Gabapentin 550mg #60 is not medically necessary.