

Case Number:	CM14-0084458		
Date Assigned:	07/21/2014	Date of Injury:	05/03/2001
Decision Date:	09/18/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/06/2014

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 Interventional 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 patient is a 57-year-old female with a date of injury of 05/03/2001. The listed diagnoses per Dr. [REDACTED] are: 1. Degeneration of cervical intervertebral disk. 2. Displacement of cervical intervertebral disk without myelopathy. 3. Chronic pain syndrome. 4. Lumbar post-laminectomy syndrome. 5. Degeneration of lumbar intervertebral disk. 6. Thoracic neuritis or radiculitis. 7. Lumbar facet joint pain. 8. Cervical facet joint pain. 9. Brachial neuritis. 10. Chronic depression and anxiety. 11. Malignant neoplasm, soft tissue of cervical spine. According to progress report 05/16/2014, the patient presents with chronic neck and bilateral arm pain left greater than right. This patient is status post cervical spine arthrodesis on 05/01/2014 with Dr. Steinberg. The patient reports the pain is improved, but she is still wearing a collar and is quite sore. Patient reports pain is "unbearable and she cannot get up or be active" without medication. With medications he pain level drops to average 5/10. Patient explains that without her medications, she would be "completely incapacitated." The patient reports severe pain interfere and prevent most of her daily living, but with her medication, she is essentially better and now able to complete some aspects of self care including housekeeping and shopping. Without the medication, she has severe interference with relationships, work, concentration, mood, sleep patterns, and a role of function. Patient's medication regimen includes fentanyl patch 50 mcg 1 every 72 hours #10, clonazepam 1 mg every 6 to 8 hours as needed for anxiety #105, Norco 10/325 four to six hours p.r.n. #180, gabapentin 300 mg #240. The treater is requesting medication refill. Utilization denied the request on 05/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Patch 50mcg #10, Between 5/16/2014 and 7/26/2014: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 88-89.

Decision rationale: This patient is status post cervical spine arthrodesis on 05/01/2014 with Dr. Steinberg and continues with significant pain. The treater is requesting a refill of fentanyl patch 50 mcg to be applied once every 72 hours #10. Patient reports that medications reduce her pain and helps her with simple tasks as house chores and shopping. Without her medications, she would be "completely incapacitated." MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Utilization review denied the request stating the patient has a minimal level of function that is not significantly improved with the use of her medications. This patient is status post cervical spine arthrodesis and continues with significant pain. Progress report documents that the patient is able to do simple chores, shopping and self care on this medication. Without medications she would be "completely incapacitated" and it is "unbearable." The patient was noted to have side effects from Wellbutrin, but no other side effects are noted. Given the efficacy of this medication, recommendation is for approval.

Norco 10/325 #180, Between 5/16/2014 and 7/26/2014: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 88-89.

Decision rationale: This patient is status post cervical spine arthrodesis on 05/01/2014 with Dr. Steinberg and continues with significant pain. The treater is requesting a refill of Norco. Patient reports that medications reduce her pain and helps her with simple tasks as house chores and shopping. Without her medications, she would be "completely incapacitated." MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Utilization review denied the request stating the patient has a minimal

level of function that is not significantly improved with the use of her medications. This patient is status post cervical spine arthrodesis and continues with significant pain. Progress report documents that the patient is able to do simple chores, shopping and self care on this medication. Without medications she would be "completely incapacitated" and it is "unbearable." The patient was noted to have side effects from Wellbutrin, but no other side effects are noted. Given the efficacy of this medication, recommendation is for approval.

Gabapentin 300mg #240, Between 5/16/2014 and 7/26/2014: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

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

Decision rationale: This patient is status post cervical spine arthrodesis on 05/01/2014 with Dr. Steinberg and continues with significant pain. The treater is requesting a refill of Gabapentin. The MTUS Guidelines page 18 and 19 has the following regarding Gabapentin, "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered a first-line treatment for neuropathic pain." Review of the medical file indicates the patient has been taking this medication since at least 01/07/2013. The patient reports decrease in severity of pain with current medications which includes Gabapentin. Recommendation is for approval.

Clonazepam 1mg #105, Between 5/16/2014 and 7/22/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: This patient is status post cervical spine arthrodesis on 05/01/2014 with Dr. Steinberg and continues with significant pain. The treater is requesting a refill of Clonazepam 1mg #105. The MTUS guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly." The patient has been taking this medication since 0107/2013. MTUS guidelines are clear on long term use of Benzodiazepines and recommends maximum use of 4 weeks due to "unproven efficacy and risk of dependence." Recommendation is for denial.