

Case Number:	CM14-0094388		
Date Assigned:	07/25/2014	Date of Injury:	08/26/1998
Decision Date:	09/09/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/20/2014

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 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 48-year-old male who reported an injury, the mechanism of which is unknown, on 08/26/1998. On 06/09/2014, his diagnoses included tarsal tunnel syndrome, long term use of other medications, rotator cuff sprains/strains, unspecified disorders of the shoulder bursae and tendon, depressive disorder, sleep apnea and hypertensive heart disease. On 10/04/2013, he had a synovectomy and tenolysis of the right ankle for a diagnosis of tenosynovitis. His complaints included back pain, joint pain, joint stiffness, joint swelling and limb pain. When he changed position from sitting to standing, he experienced excruciating pain and weakness of the legs necessitating holding on to something for support. He was also experiencing right shoulder pain. His medications include Elavil 25 mg, Neurontin 300 mg, Norco 10/325 mg, Ultram 50 mg, Gemfibrozil 600 mg, Glipizide 5 mg, Lisinopril 30 mg, Metoprolol 50 mg, Omeprazole 20 Mg, Simvastatin 20 mg, and Tamsulosin 0.4 mg. It was unclear based on the submitted documentation how long he had been taking these various medications. There was no rationale included in this injured worker's chart. A Request for Authorization dated 02/15/2014 was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Ultram 50mg with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-95.

Decision rationale: The request for 1 prescription of Ultram 50 mg with 2 refills is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use and side effects. It should include current pain, intensity of pain before and after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by decreased pain, increased level of function or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Opioids should be continued if the injured worker has returned to work or has improved functioning and decreased pain. In most cases, analgesic treatment should begin with acetaminophen, Aspirin, NSAIDs, antidepressants and/or anticonvulsants. When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to, but not substituted for, the less efficacious drugs. Long term use may result in immunological or endocrine problems. There is no documentation in the submitted chart regarding appropriate long term monitoring evaluations, including psychosocial assessment, side effects, failed trials of NSAIDs, Aspirin or antidepressants, quantified efficacy, drug screens or collateral contacts. Additionally, there was no frequency specified in the request. Since this worker is taking more than 1 opioid medication, without the frequency, morphine equivalency dosage cannot be calculated. Therefore, this request for 1 prescription of Ultram 50 mg with 2 refills is not medically necessary.

Norco 10/325mg with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-95.

Decision rationale: The request for 1 prescription of Norco 10/325 mg with 2 refills is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use and side effects. It should include current pain, intensity of pain before and after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by decreased pain, increased level of function or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Opioids should be continued if the injured worker has returned to work or has improved functioning and decreased pain. In most cases, analgesic treatment should begin with acetaminophen, Aspirin, NSAIDs, antidepressants and/or anticonvulsants. When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to, but not substituted for, the less efficacious drugs. Long term use may result in immunological or endocrine problems. There is no documentation in the submitted chart regarding appropriate long term monitoring evaluations, including psychosocial

assessment, side effects, failed trials of NSAIDs, Aspirin or antidepressants, quantified efficacy, drug screens or collateral contacts. Additionally, there was no frequency specified in the request. Since this worker is taking more than 1 opioid medication, without the frequency, morphine equivalency dosage cannot be calculated. Therefore, this request for 1 prescription of Norco 10/325 mg with 2 refills is not medically necessary.

1 Prescription of Neurontin 300mg with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs),; Gabapentin (Neurontin) Page(s): 16-22; 49.

Decision rationale: The request for 1 prescription of Neurontin 300 mg with 2 refills is not medically necessary. California MTUS Guidelines recommend antiepilepsy drugs for neuropathic pain. Most randomized controlled trials have been directed at postherpetic neuralgia and painful polyneuropathy, with diabetic polyneuropathy being the most commonly sampled. A good response to antiepileptic drugs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. If 30% reduction in pain is not achieved, switching to a different first line agent may be an option. The continued use of antiepileptic medications depend on improved outcomes. Gabapentin has been shown to be effective for the treatment of painful diabetic neuropathy. Although diabetes is not listed among his diagnoses, he is taking a diabetic medication, but there is no documentation of this injured worker having painful diabetic neuropathy. There is no documentation of him having postherpetic neuralgia or any type of seizure disorder. There is no quantified documentation of pain relief or improvement in function based on the use of Neurontin. Additionally the request does not include frequency of administration. Therefore, this request for 1 prescription of Neurontin 300 mg with 2 refills is not medically necessary.