MAXIMUS Federal Services

Case Number:	CM14-0097356		
Date Assigned:	07/28/2014	Date of Injury:	02/03/2012
Decision Date:	09/09/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/25/2014

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 & 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 39-year-old female with a reported date of injury on 02/03/2012. The injury reportedly occurred when the injured worker was walking into the freezer and slipped on ice. Her diagnoses were noted to include chronic pain syndrome, status post slip and fall with multiple contusions and sprains/strains, right shoulder strain, myofascial pain, right shoulder mild tendinosis of the rotator cuff with fraying of the articular surface of the central tendon and mild capsular thickening and joint effusion of the acromioclavicular joint, right shoulder status post arthroscopy with subacromial bursa excision, acromioplasty, Mumford, and excision of distal clavicle, acromioplasty of medial acromion, right cervicobrachial myofascial pain syndrome, right wrist sprain/strain, right lumbosacral sprain/strain, and right sacroiliac joint dysfunction. The progress note dated 04/22/2014 revealed the injured worker complained of low back and right upper extremity pain. The provider indicated that injured worker had been last evaluated on 11/22/2013 due to being incarcerated. The injured worker complained of left back/right upper extremity pain rated 8/10 that came and went and was burning and worse with activity. The progress note dated 05/28/2014 revealed the injured worker rated her back/shoulder pain 9/10 that came and went, described as achy/burning and worse with activity with back pain that radiated to the right lower extremity with numbness into the foot. The injured worker complained of joint pain and depression. The injured worker indicated that the Neurontin and Pamelor decreased her pain from 8/10 to 6/10, allowed for activity and improved sleep. The injured worker reported she had been unable to fill the prescription for Tylenol No.3, Neurontin, Pamelor at the pharmacy and has been taking left over medications from previous prescriptions. The physical examination revealed the injured worker ambulated with a single point cane and the lumbar spine had a decreased painful range of motion. The provider indicated the urine drug screen performed 04/30/2014 was negative for all substances which was

inconsistent with the injured worker's report of Tylenol No. 3 utilization while being incarcerated. The request for authorization form dated 05/23/2014 was for Neurontin 300 mg #90, Tylenol No. 3 #110, and Pamelor 50 mg #30; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg, count 90.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain: Opioid use Page(s): 77-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy, page 16 Page(s): 16.

Decision rationale: The request for Neurontin 300 mg count 90 is not medically necessary. The injured worker has been taking this medication since at least 11/2013. The California Chronic Pain Medical Treatment Guidelines recommend antiepilepsy drugs for neuropathic pain (pain due to nerve damage). There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized control trials for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy. There are few random control trials directed at central pain and nothing for painful radiculopathy. The injured worker indicated she had been taking left over medications for pain; however, her back/shoulder pain was still rated 9/10 with radiating pain into the right lower extremity and numbness into the foot.

Tylenol #3, count 110: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain: Opioid Use Page(s): 77-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management, page 78 Page(s): 78.

Decision rationale: The request for Tylenol No. 3, count 110 is not medically necessary. The injured worker has been utilizing this medication since at least 11/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioids medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. The injured worker indicated with medications it decreased her pain from 8/10 to 6/10 and allowed for activity and improved sleep. There were no adverse effects with the use of medications noted. The urine drug screen performed 04/30/2014 was negative for all substances which was inconsistent with the injured worker's reports that Tylenol No. 3 was used while incarcerated. The injured worker rated her pain 9/10 despite claiming the

utilization of left over medications. Therefore, efficacy is not clearly defined on a numerical scale and with inconsistent urine drug screens, Tylenol No. 3 is not warranted at this time. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Pamelor 50 Mg, count 30.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, 13-14 Page(s): 13-14.

Decision rationale: The request for Pamelor 50 mg, count 30 is not medically necessary. The injured worker has been utilizing this medication since at least 11/2013. The California Chronic Pain Medical Treatment Guidelines recommend antidepressants as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should not only include pain outcomes but also and evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. The guidelines recommend tricyclic antidepressants as a first line option for neuropathic pain especially if pain is accompanied by insomnia, anxiety, or depression. The guidelines recommend antidepressants as an option in depressed patients, but effectiveness is limited. Non-neuropathic pain is generally treated with analgesics and anti-inflammatories. The injured worker complained of pain and depression and rated her pain 9/10 despite the utilization of medications. Therefore, the efficacy of the medication is not clearly defined on a numerical scale. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.