

Case Number:	CM14-0101974		
Date Assigned:	07/30/2014	Date of Injury:	12/10/1999
Decision Date:	07/02/2015	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/02/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 76 year old male, who sustained an industrial injury on 12/10/1999. He has reported subsequent neck and right shoulder pain and was diagnosed with cervical disc injury status post fusion surgery and right shoulder rotator cuff injury status post surgical repair. Treatment to date has included oral pain medication, physical therapy and surgery. In a progress note dated 05/08/2014, the injured worker complained of ongoing right shoulder and neck pain. Objective findings were notable for tenderness to palpation of the bilateral paracervical muscles; diffuse muscle tightness of the cervicothoracic region and positive Neer's and Hawkin's tests of the right shoulder. A request for authorization of MS Contin 100 mg, MS Contin 60 mg, Norco and Gabapentin was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 100mg, #90 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with neck and right shoulder pain rated 4/10. The request is for MS CONTIN 100MG, #90 WITH 1 REFILL. The request for authorization is dated 06/12/14. Physical examination reveals diffuse tender points are noted over the right lateral and posterior cervical muscles, trapezius muscle and scapular muscles. Positive Neer's test on the right . The patient has been stable for several years using his current medication regimen. It is noted that the patient is much more functional and with a tolerable level of pain by reducing it by 50% or more when using his prescribed medications. He is able to take care of himself and not require any additional care while he is using his prescribed medications. The patient has a chronic pain condition that more likely than not changed significantly over time to allow him to either stop or significantly reduce his level of medications. These medications continue to be effective. The patient states he is still quite functional, moving around with walking and household chores. No side effects with the medications. Patient's medications include Norco, MS Contin, Prilosec, Albuterol, Pradaxa and Gabapentin. Per progress report dated 02/18/15, the patient is permanent and stationary. 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. Treater does not specifically discuss this medication. The patient has been prescribed MS Contin since at least 01/02/14. MTUS requires appropriate discussion of the 4A's, and in addressing the 4A's, treater discusses how MS Contin significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is also discussed, specifically showing significant pain reduction with use of MS Contin. There is documentation regarding adverse effects. Therefore, the request IS medically necessary.

MS Contin 60mg, #30 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with neck and right shoulder pain rated 4/10. The request is for MS CONTIN 60MG, #30 WITH 1 REFILL. The request for authorization is dated 06/12/14. Physical examination reveals diffuse tender points are noted over the right lateral and posterior cervical muscles, trapezius muscle and scapular muscles. Positive Neer's test on the right . The patient has been stable for several years using his current medication regimen. It is noted that the patient is much more functional and with a tolerable level of pain by reducing it by 50% or more when using his prescribed medications. He is able to take care of himself and not require any additional care while he is using his prescribed medications. The patient has a chronic pain condition that more likely than not changed significantly over time to allow him to

either stop or significantly reduce his level of medications. These medications continue to be effective. The patient states he is still quite functional, moving around with walking and household chores. No side effects with the medications. Patient's medications include Norco, MS Contin, Prilosec, Albuterol, Pradaxa and Gabapentin. Per progress report dated 02/18/15, the patient is permanent and stationary. 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. Treater does not specifically discuss this medication. The patient has been prescribed MS Contin since at least 01/02/14. MTUS requires appropriate discussion of the 4A's, and in addressing the 4A's, treater discusses how MS Contin significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is also discussed, specifically showing significant pain reduction with use of MS Contin. There is documentation regarding adverse effects. Therefore, the request IS medically necessary.

Norco 10/325mg, #240 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with neck and right shoulder pain rated 4/10. The request is for NORCO 10/325MG, #120 WITH 3 REFILLS. The request for authorization is dated 06/12/14. Physical examination reveals diffuse tender points are noted over the right lateral and posterior cervical muscles, trapezius muscle and scapular muscles. Positive Neer's test on the right. The patient has been stable for several years using his current medication regimen. It is noted that the patient is much more functional and with a more tolerable level of pain by reducing it by 50% or more when using his prescribed medications. He is able to take care of himself and not require any additional care while he is using his prescribed medications. The patient has a chronic pain condition that more likely than not changed significantly over time to allow him to either stop or significantly reduce his level of medications. These medications continue to be effective. The patient states he is still quite functional, moving around with walking and household chores. No side effects with the medications. Patient's medications include Norco, MS Contin, Prilosec, Albuterol, Pradaxa and Gabapentin. Per progress report dated 02/18/15, the patient is permanent and stationary. 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. MTUS p90, maximum dose for Hydrocodone, 60mg/day. Treater does not specifically discuss this medication. The patient has been prescribed Norco since at least 01/02/14. MTUS

requires appropriate discussion of the 4A's, and in addressing the 4A's, treater discusses how MS Contin significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is also discussed, specifically showing significant pain reduction with use of MS Contin. There is documentation regarding adverse effects. However, the request for Norco #240 is equivalent to 8 tabs per day or 80mg/day, which exceeds the MTUS maximum dose for Hydrocodone of 60/mg/day. Furthermore, per progress report dated 06/11/14, The patient will follow up in 2 months' time to reassess his medication regimen and his level of functionality. Treater does not explain why the patient would need 3 refills if he is to return for a follow-up in 2 months. Therefore, the request IS NOT medically necessary.

Gabapentin 600mg, #60 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

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

Decision rationale: The patient presents with neck and right shoulder pain rated 4/10. The request is for GABAPENTIN 600MG, #60 WITH 3 REFILLS. The request for authorization is dated 06/12/14. Physical examination reveals diffuse tender points are noted over the right lateral and posterior cervical muscles, trapezius muscle and scapular muscles. Positive Neer's test on the right . The patient has been stable for several years using his current medication regimen. It is noted that the patient is much more functional and with a more tolerable level of pain by reducing it by 50% or more when using his prescribed medications. He is able to take care of himself and not require any additional care while he is using his prescribed medications. The patient has a chronic pain condition that more likely than not changed significantly over time to allow him to either stop or significantly reduce his level of medications. These medications continue to be effective. The patient states he is still quite functional, moving around with walking and household chores. No side effects with the medications. Patient's medications include Norco, MS Contin, Prilosec, Albuterol, Pradaxa and Gabapentin. Per progress report dated 02/18/15, the patient is permanent and stationary.MTUS has the following regarding Gabapentin on pg 18, 19: "Gabapentin (Neurontin, Gabarone, generic available) 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." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater does not specifically discuss this medication. The patient is prescribed Gabapentin since at least 01/02/14. Per progress report dated 06/11/14, the treater documents "It is noted that the patient is much more functional and with a more tolerable level of pain by reducing it by 50% or more when using his proscribed medications." In this case, the treater documents a record of pain and function as required by MTUS. Therefore, the request IS medically necessary.