

Case Number:	CM14-0186429		
Date Assigned:	11/14/2014	Date of Injury:	12/30/2003
Decision Date:	01/05/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/10/2014

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 Family Practice 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:

This is a 57 year old male claimant who sustained a work injury on December 30, 2003 involving the neck, shoulder, wrists and low back. He was diagnosed with chronic neck pain, L1 burst fracture, lumbar ridiculous pain, Reflex Sympathetic Dysyrophy, left shoulder pain with an insertional tear of the supraspinatus and reflex sympathetic dystrophy of the left leg. He had received prior epidural steroid injections, acupuncture and has been on Norco since at least 2012. Due to a burning sensation in the left side of his body he had been on Neurontin since 2005. He also had insomnia for several years and had been on Lunesta previously. In August 2014 he was switched to Elavil for sleep. A progress note on October 1, 2014 indicates the claimant has 3 /10 pain with medication. He had been on Norco at the time for pain and was given Colace for constipation prophylaxis. Objective findings were not noted at the time. The claimant was continued on Norco, Neurontin, Colace and Elavil. In addition, a urine drug screen was ordered. He also had insomnia for several years and had been on Lunesta previously. In August 2014 he was switched to Elavil for sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dispensed Colace 100mg #100: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/cdl/colace.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 82-92.

Decision rationale: treatment. In this case the claimant had been on opioids for several years. There was no recent abdominal exam or history to suggest constipation. Long-term use of Colace is not supported. There is no clinical indication for continued and chronic use of Colace and it is therefore, the request is not medically necessary.

Performed UDS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Toxicology, Page(s): 83-91.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. Ongoing monitoring: (1) If a patient has evidence of a "high risk" of addiction (including evidence of a comorbid psychiatric disorder (such as depression, anxiety, attention-deficit disorder, obsessive-compulsive disorder, bipolar disorder, and/or schizophrenia), has a history of aberrant behavior, personal or family history of substance dependence (addiction), or a personal history of sexual or physical trauma, ongoing urine drug testing is indicated as an adjunct to monitoring along with clinical exams and pill counts (2) If dose increases are not decreasing pain and increasing function, consideration of UDT should be made to aid in evaluating medication compliance and adherence. Based on the above references and clinical history a Urine Toxicology Screen is not medically necessary.

Elavil 50mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants, Page(s): 13-15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Insomnia medications.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, insomnia medications recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or

psychological measures. Tricyclic antidepressants side effects can include drowsiness. However they're not indicated for management of insomnia. In addition, the etiology of the insomnia and behavioral therapy were not discussed. Therefore, the request for Elavil is not medically necessary.

Neurontin 800mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin, Page(s): 18.

Decision rationale: According to the MTUS guidelines, Neurontin 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. Recommended Trial Period: One recommendation for an adequate trial with gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggest that if inadequate control of pain is found, a switch to another first-line drug is recommended. Combination therapy is only recommended if there is no change with first-line therapy, with the recommended change being at least 30%. In this case, the claimant does not have the stated conditions approved for Gabapentin use. Furthermore, the treatment duration was longer than recommended. Therefore, the request for Gabapentin is not medically necessary.