MAXIMUS Federal Services

Case Number:	CM14-0187934		
Date Assigned:	11/18/2014	Date of Injury:	04/30/1993
Decision Date:	01/06/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/11/2014

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 Interventional Spine Pain Management. 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 51 year old female with an injury date of 04/30/93. Based on the 11/07/14 progress report provided by treating physician, the patient complains of chronic intractable cervical pain rated 7/10, with radiation into her left scapula and her left upper extremity. Physical examination to the cervical spine revealed tenderness to palpation to the cervical paravertebral region from C4-C7, and range of motion was decreased, especially on left rotation 30 degrees. Spurling's test was positive on the left for radiculopathy, and positive on the right for pain. Patient is prescribed Amitriptyline for neuropathic pain as well as insomnia, "this medication does help with depression caused by chronic pain but certainly it helps most with her neuropathic pain. When the patient does not have this medication she is unable to lie on her left temporal region and her sleep is drastically affected." Neurontin "continues to decrease the severity of the patient's radicular pain. When the patient is on this medication she presents to the office with neuropathic pain that is reasonably controlled. When the patient does not have this medication she has significant worsening of paresthesia to her upper extremity which involve the C6 and C7 distributions as well as pain control." The patient uses MSIR for "pain control and improved sleep. The patient takes two tablets at night. She manages her pain during the day with muscle relaxants and TENS unit as well as stretching and frequent breaks. The patient has previously been tried on Avinza 30 mg but this caused significant cognitive impairment such that she felt she was at danger while driving. For this reason, she has stopped taking opioids during the day and takes on only at night. This is very low dose of opioid to maintain the patient's functionality. She has well below the 120 mg morphine equivalent units. This medication is medically necessary and appropriate to continue." The patient continues to suffer from daily spasm, and uses SOMA "in lieu of escalating doses of opioids such that she can function and perform her employment duties. The patient has been stable on this medication for many years." The patient

has tried physical therapy in the past. The patient uses a TENS and is on home exercise program. Provider states "without medications it is unlikely the patient will be able to continue working. She works in a DNA lab and is able to perform her activities of daily living as well as her job functions with medications." Urine drug screen performed on 11/07/14 showed consistent results. Diagnosis 11/07/14 postlaminectomy syndrome unspecified, joint pain, shoulder, unspecified back.The Utilization Review determination being challenged is dated 10/30/14. The rationale follows: Amitriptyline: "no clear indications regarding indications of use, efficacy or benefits."Neurontin: "no diagnosis of neuropathic pain."Soma: "Excessive duration of use".MSIR: Continuation is recommended. Compliance testing with UDS and narcotic contract suggested." Treatment report dated 11/07/14 was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline 50mg tablet: 1 tablet every night as needed for 28 days, dispense 28 tablets, refills: 2: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-depressants Page(s): 13-15.

Decision rationale: The patient presents with chronic intractable cervical pain rated 7/10, with radiation into her left scapula and her left upper extremity. The request is for Amitriptyline 50mg tablet: 1 tablet every night as needed for 28 days, dispense 28 tablets, refills 2. Per diagnosis dated 11/07/14, patient has postlaminectomy syndrome. The patient has tried physical therapy in the past. The patient uses a TENS and is on home exercise program. Provider states "without medications it is unlikely the patient will be able to continue working. She works in a DNA lab and is able to perform her activities of daily living as well as her job functions with medications." Regarding anti-depressants, MTUS Guidelines, page 13-15, Chronic Pain Medical Treatment Guidelines: Antidepressants for chronic pain states: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) 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 include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. UR letter dated 10/30/14 states "no clear indications regarding indications of use, efficacy or benefits." However, per provider report dated 11/07/14, the patient is prescribed Amitriptyline for neuropathic pain as well as insomnia, "this medication does help with depression caused by chronic pain but certainly it helps most with her neuropathic pain. When the patient does not have this medication she is unable to lie on her left temporal region and her sleep is drastically affected." Given the patient's pain symptoms and depression, the request appears reasonable and in-line with MTUS. Therefore, this request is medically necessary.

Neurontin 600mg tablet: 2 capsules three times a day as needed for 28 days dispense 168 capsules, refills: 2: Overturned

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

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

Decision rationale: The patient presents with chronic intractable cervical pain rated 7/10, with radiation into her left scapula and her left upper extremity. The request is for Neurontin 600mg tablet: 2 capsules three times a day as needed for 28 days dispense 168 capsules, refills 2. Per diagnosis dated 11/07/14, patient has postlaminectomy syndrome. The patient has tried physical therapy in the past. The patient uses a TENS and is on home exercise program. Provider states "without medications it is unlikely the patient will be able to continue working. She works in a DNA lab and is able to perform her activities of daily living as well as her job functions with medications." MTUS has the following regarding Gabapentin on page 18 and 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."UR letter dated 10/30/14 states "no diagnosis of neuropathic pain." However, per provider report dated 11/07/14, Neurontin "continues to decrease the severity of the patient's radicular pain. When the patient is on this medication she presents to the office with neuropathic pain that is reasonably controlled. When the patient does not have this medication she has significant worsening of paresthesia to her upper extremity which involve the C6 and C7 distributions as well as pain control." Provider has discussed medication efficacy and the request is in-line with guidelines. Therefore, this request is medically necessary.

Soma 350mg tablet: 2 tablets three times a day for 28 days, dispense 168 tablets, refills: 2;: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The patient presents with chronic intractable cervical pain rated 7/10, with radiation into her left scapula and her left upper extremity. The request is for Soma 350 mg tablets: 2 tablets three times a day for 28 days dispense 168 tablets, refills 2. Per diagnosis dated 11/07/14, patient has postlaminectomy syndrome. The patient has tried physical therapy in the past. The patient uses a TENS and is on home exercise program. Provider states "without medications it is unlikely the patient will be able to continue working. She works in a DNA lab and is able to perform her activities of daily living as well as her job functions with medications." MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Per provider report dated 11/07/14, the

patient continues to suffer from daily spasm, and uses SOMA "in lieu of escalating doses of opioids such that she can function and perform her employment duties. The patient has been stable on this medication for many years." The request for quantity 168 with 2 refills indicates continued long term use of this medication. MTUS recommends requested Soma only for a short period. Therefore, this request is not medically necessary.

MSIR 15 mg capsule: 2 tablets every night as needed for 28 days dispense 56 tablets: Overturned

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

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

Decision rationale: The patient presents with chronic intractable cervical pain rated 7/10, with radiation into her left scapula and her left upper extremity. The request is for MSIR 15mg capsule: 2 tablets every night, as needed for 28 days, dispense 56 tablets. Per diagnosis dated 11/07/14, patient has postlaminectomy syndrome. The patient has tried physical therapy in the past. The patient uses a TENS and is on home exercise program. Provider states "without medications it is unlikely the patient will be able to continue working. She works in a DNA lab and is able to perform her activities of daily living as well as her job functions with medications." Urine drug screen performed on 11/07/14 showed consistent results. 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.Per provider report dated 11/07/14, the patient uses MSIR for "pain control and improved sleep. The patient takes two tablets at night. She manages her pain during the day with muscle relaxants and TENS unit as well as stretching and frequent breaks. The patient has previously been tried on Avinza 30 mg but this caused significant cognitive impairment such that she felt she was at danger while driving. For this reason, she has stopped taking opioids during the day and takes on only at night. This is very low dose of opioid to maintain the patient's functionality. She has well below the 120 mg morphine equivalent units. This medication is medically necessary and appropriate to continue." In this case, the 4A's have been addressed, adequate documentation has been provided including numeric scales and functional measures that show significant improvement. Therefore, this request is medically necessary.