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| Case Number: | CM14-0189861 | | |
| Date Assigned: | 11/21/2014 | Date of Injury: | 03/06/2011 |
| Decision Date: | 01/08/2015 | UR Denial Date: | 10/13/2014 |
| Priority: | Standard | Application Received: | 11/13/2014 |

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, has a subspecialty in Interventional Spine 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 patient is a 56 year old female with an injury date on 03/06/2011. Based on the 09/25/2014 progress report provided by the treating physician, the diagnoses are cervical radiculopathy/radiculitis; cervicgia (left side); facet arthropathy, lumbar; cervical spondylosis with myelopathy; scar conditions and fibrosis of skin, lumbar spine; sacroiliitis; lumbar radiculopathy (improved); De Quervain's disease status post release (left); abnormal posture with mild protraction of the neck; and abnormal reflex (severe hyper-reflexia). According to this report, the patient complains of "neck pain, lower back pain and left wrist pain." Pain is described "as aching, cramping, sharp, shooting, stabbing, tender and tiring." The patient's current pain is 6/10. Her worse pain over the past week has been 8/10. Her pain when taking medications has been 5/10. Activities such as pulling, turning head and getting up in the morning would exacerbate the pain and medications alleviate the pain. Physical exam reveals a restricted cervical/ lumbar range of motion. Moderate spasm and tenderness is noted at the left cervical paraspinal muscles, lumbar spine and left SI joint. Spurling's maneuver and Facets loading maneuver are moderately positive. Hoffman's sign is positive for severe left upper limb hyperreflexia. Sensation to light touch reveals diminished sensation with dysesthesias, hyperpathia, paresthesias along the left C5, bilateral C6 and bilateral C7 root distribution. The patient's condition has remained the same since the last visit except the sensory exam. There were no other significant findings noted on this report. The utilization review denied the request for Gabapentin 300mg #45, Norco 10/325mg #15, and Nortriptyline HCL 25mg #30 on 10/13/2014 based on the MTUS/Official Disability Guidelines. The requesting physician provided treatment reports from 04/02/2014 to 10/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg Cap SIG: 1 BID for 2 weeks, 1 QD thereafter #45: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin; Gabapentin (Neurontin) Page(s): 18-19; 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, Gabapentin (Neurontin)

Decision rationale: According to the 09/25/2014 report, this patient presents with neck pain, lower back pain and left wrist pain." Per this report, the current request is for Gabapentin 300mg Cap SIG: 1 BID for 2 weeks, 1 QD thereafter #45. This medication was first mentioned in the 06/05/2014 report; it is unknown exactly when the patient initially started taking this medication. Regarding Anti-epileptic (anticonvulsants) drugs for pain, MTUS Guidelines recommend for "treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Review of reports indicates that the patient has neuropathic pain. The Official Disability Guidelines support the use of anticonvulsants for neuropathic pain. The treating physician indicates "The patient reports that she has been taking the medication regularly as prescribed. The patient reports some pain relief." In this case, given that the patient's neuropathic pain and the treating physician documented the efficacy of the medication as required by the MTUS guidelines. Therefore, the request is medically necessary.

Norco 10/325mg tab SIG: 1 Q4-6H PRN for pain #15: 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: According to the 09/25/2014 report, this patient presents with neck pain, lower back pain and left wrist pain." Per this report, the current request is for Norco 10/325mg tab SIG: 1 Q4-6H PRN for pain #15. This medication was first mentioned in the 04/02/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, 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 4 A's (analgesia, ADLs, adverse side effects, and aberrant 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. Review of reports, the treating physician documented that "The patient reports significant pain relief with functional improvements (basic activities of daily living such as dressing and undressing, functional transfer, personal hygiene and grooming and sleeping). The effects would last 3 hours. Medication side effect felt by the

patient includes heartburn (GI irritation). Medications do help relieve her pain and allow her to continue with ADL's." The patient's current pain is a 6/10; worse pain over the past week is an 8/10; and pain with medications is a 5/10. In this case, the treating physician's report shows proper documentation of the four A's as required by the MTUS guidelines. Therefore, the request is medically necessary.

Nortriptyline HCL 25mg cap SIG: 1 tab QHS #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: According to the 09/25/2014 report, this patient presents with neck pain, lower back pain and left wrist pain." Per this report, the current request is for Nortriptyline HCL 25mg cap SIG: 1 tab QHS #30. This medication was first mentioned in the 06/05/2014 report; it is unknown exactly when the patient initially started taking this medication. The MTUS page 13 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." In reviewing of the report, the treating physician mentioned that "The patient reports that she has been taking the medication regularly as prescribed. The patient reports some pain relief." In this case, given that the patient's neuropathic pain and the treating physician documented the efficacy of the medication as required by the MTUS guidelines. Therefore, the request is medically necessary.