

Case Number:	CM14-0190356		
Date Assigned:	11/24/2014	Date of Injury:	08/15/2002
Decision Date:	02/03/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/14/2014

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 Internal Medicine. . 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 51-year-old woman with a date of injury of August 15, 2002. The mechanism of injury was not documented in the medical record. The IW is being treated for chronic cervicgia, radiculopathic pain, recurrent myofascial strain that is currently treated by medications and activity adjustments. The only clinical documentation in the medical record available for review was a single Agreed Medical Evaluation (AME) dated April 8, 2014. The remained of the medical record contained various Request for Authorizations (RFA), Applications for Independent Medical Reviews (IMR), and Utilization Review (UR) documentation. According to the AME dated April 8, 2014, the IW ambulates with a normal gait. Cervical range of motion is reduced in all motions with flexion at 42 degrees, extension at 22 degrees, right lateral bending at 16 degrees, left lateral bending at 18 degrees, right lateral rotation at 40 degrees, and left lateral rotation at 45 degrees. She has mild tenderness to palpation, but no palpable muscle spasms. Lower extremities are normal to inspection and palpation. Current medications on April 8, 2014 included Soma 350mg, Pepcid 20mg for gastric protection, Norco 5/325mg, Lunesta 3mg for pain induced insomnia, Naprelan (Naproxen CR) 500mg, and Voltaren gel 1%. Documentation indicated that the IW was taking Gralise 600mg since May 22, 2013. The current request is for Gralise 600mg #90, Pepcid 20mg # 30, Voltaren gel #5, Norco 5/325mg #90, Lunesta 3mg #30, and Lorzone 750mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Grasile 600 mg # 90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Gralise 600 mg #90 is not medically necessary. Gralise (gabapentin) is recommended for some neuropathic pain conditions and fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an AED (anti-epilepsy drug). In this case, the injured worker's date of accident was August 16, 2002. The injured worker's working diagnoses are tension headache, gait abnormality, cervicgia, and cervical spondylosis. Urine drug screen performed on May 21, 2014 was inconsistent and did not show gabapentin present in the specimen. There was a sole AME in the medical record. Gabapentin was used since May 22, 2013 (refill or new prescription is unclear). The documentation does not contain evidence of objective functional improvement associate with the continued use of gabapentin (Gralise). Consequently, absent objective functional improvement the continued use of Gralise is not clinically indicated. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, in addition to the inconsistent urine drug screen, Gralise 600 mg #90 is not medically necessary.

Pepcid 20 mg # 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID and GI Effects Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAID and GI Effects

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Pepcid 20 mg #30 is not medically necessary. Pepcid is an H2 receptor antagonist. H2 receptor antagonists are indicated in patients taking nonsteroidal anti-inflammatory drugs that are at risk for certain gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic also, G.I. bleeding or perforation; concurrent use of aspirin or steroids; and multiple or high dose nonsteroidal anti-inflammatory drug use. In this case, the injured worker's working diagnoses are tension headache, gait abnormality, cervicgia, and cervical spondylosis. There was a sole AME in the medical record. There are no comorbid conditions or past medical history compatible with the risk factors enumerated above. Specifically, there was no history of peptic ulcer disease or G.I. bleeding, etc. Consequently, absent the appropriate clinical indication for clinical rationale, Pepcid 20 mg #30 is not medically necessary.

Voltaren gel # 5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical Analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Voltaren gel #5 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren gel is indicated for relief of osteoarthritis pain in the joint that lends itself to topical treatment (ankle, elbow, hand, feet and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case, the injured worker's working diagnoses are tension headache, gait abnormality, cervicgia, and cervical spondylosis. There was a sole AME in the medical record. There are no conditions or diagnoses compatible with osteoarthritis. Additionally, there is no clinical rationale in the medical record indicating why a topical analgesic is preferable to an oral agent. Consequently, absent the appropriate clinical indications for clinical rationale for the use of Voltaren gel, Voltaren gel #5 is not medically necessary.

Norco 5/325 mg # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 5/325 mg #90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany the use of chronic opiates. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. Lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are tension headache, gait abnormality, cervicgia, and cervical spondylosis. The documentation indicates that Norco 5/325 mg was prescribed in an AME dated April 8, 2014. It is unclear whether this is a refill or the first, starting prescription. Subsequent documentation does not contain evidence of functional improvement with ongoing opiate use. The injured worker continued to complain of significant pain levels eight - 9/10. Consequently, absent the appropriate clinical documentation with objective functional improvement, Norco 5/325 mg #90 is not medically necessary.

Naprelan 500 mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAI

Decision rationale: Pursuant to the chronic pain medical treatment guidelines and the official disability guidelines, Naprelan (Naproxen CR) 500 mg #60 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In this case, the injured worker's working diagnoses are tension headache, gait abnormality, cervicalgia, and cervical spondylosis. The documentation indicates Naprolen was prescribed in an AME dated April 8, 2014. The documentation is unclear as to whether this was a refill or first prescription. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period. The documentation does not contain evidence of objective functional improvement with the continued use of this drug. Consequently, absent the appropriate clinical documentation showing evidence of objective functional improvement, Naprelan 500 mg #60 is not medically necessary.

Lunesta 3 mg # 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Lunesta

Decision rationale: Pursuant to the Official Disability Guidelines, Lunesta 3 mg #30 is not medically necessary. Lunesta is not recommended for long-term use recommended for short-term use. The guidelines recommend limiting use of hypnotics to three weeks maximum the first two months of the injury only and discourage use in the chronic phase. See guidelines for additional details. In this case, the injured worker's working diagnoses are tension headache, gait abnormality, cervicalgia, and cervical spondylosis. There was a single AME in the medical record with no progress notes to review. There are multiple utilization reviews in the medical record. The physician performing the AME indicated the injured worker had pain related insomnia. Lunesta is not recommended for long-term use, but short-term use. The guidelines recommend limiting use to three weeks maximum of the first two months. The documentation (AME) shows Lunesta has been prescribed April 8, 2014 in a progress note with the same date. The documentation is unclear as to whether this is a refill or first prescription. There is no documentation in the medical record indicating objective functional improvement. Consequently, absent the appropriate clinical documentation with evidence of objective functional improvement and pursuant to the recommended guidelines, Lunesta 3 mg #30 is not medically necessary.

Lorzone 750 mg # 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lorzone 750 mg #60 is not medically necessary. Muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolong use may lead to dependence. In this case, the injured worker's working diagnoses are tension headache, gait abnormality, cervicgia, and cervical spondylosis. There are no progress notes in the medical record. A single AME is present in the medical record. April 8, 2014 indicates the injured worker was taking Soma at that time. There was no indication Lorzone was prescribed in the medical record. Consequently, absent the appropriate clinical indication or clinical rationale, Lorzone 750 mg #60 is not medically necessary.