

Case Number:	CM14-0193654		
Date Assigned:	12/01/2014	Date of Injury:	06/10/2002
Decision Date:	01/13/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/19/2014

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, has a subspecialty in Rheumatology, Allergy & Immunology and is licensed to practice in Texas. 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 60 year old male with a date of injury of 06/10/02 being treated for chronic neck and low back pain. He has been diagnosed with cervical/trapezial musculoligamentous sprain/strain with bilateral upper extremity radiculitis and lumbar spine disc disease. Subjective complaints include neck pain, discomfort and stiffness which is moderate to severe in nature, 8/10+ and remains the same since his previous visit. Objective finding include cervical spine tenderness on palpation with muscle guarding/spasm on the right > left paravertebral musculature and trapezius muscles. Range of motion of cervical spine is 40 degrees of flexion, 30 degrees extension, right rotation 56 degree, left rotation 56 degree, right lateral flexion 16 degrees, left lateral flexion 20 degrees with normal sensation, strength and deep tendon reflexes. Cervical neck MRI from 8/2/07 revealed disc protrusion/stenosis and spondylosis Lumbar spine MRI from 7/6/06 revealed lumbar spine disc protrusion with facet degeneration and foraminal stenosis. He has been treated with home exercise, ambulation aide and Norco 10/325 mg. Utilization review (UR) on 11/07/14 modified the request for Norco 10/325 to Norco 10/325mg #60 and Neurontin 60mg #60 to non-certify.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription For Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain

Decision rationale: Official Disability Guidelines (ODG) does not recommend the use of opioids for neck and low back pain "except for short use for severe cases, not to exceed 2 weeks." In this case the patient has been on opiates from May 2013 and has exceeded the 2 week recommended treatment length for opioid usage. California MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. The patient continues to not work and there is no documentation that there has been a reduction in pain or an increase in functional status. Since the patient has been on opiates for a period of time, weaning him off may be needed as indicated by the previous UR. This request for Norco 325/10mg is without quantity and as previously stated there is not documentation to support its continued long term use and as such, is not medically necessary.

1 Prescription For Neurontin 600mg, #60:

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Anti-epilepsy drugs (AEDs) for pain, Gabapentin (Neurontin®)

Decision rationale: The California MTUS considers Gabapentin as a first-line treatment for neuropathic pain and effective for the treatment of spinal cord injury, lumbar spinal stenosis, and post op pain. MTUS also recommends a trial of Gabapentin for complex regional pain syndrome. Official Disability Guidelines (ODG) states "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 suggests that if inadequate control of pain is found, a switch to another first-line drug is recommended." Additionally, ODG states that Gabapentin "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". Based on the clinical documentation provided, there is no evidence of neuropathic type pain or radicular pain on exam

or subjectively. As such, without any evidence of neuropathic type pain, the request for Neurontin 600mg #60 is not medically necessary.