

Case Number:	CM14-0194360		
Date Assigned:	12/02/2014	Date of Injury:	04/07/2005
Decision Date:	01/15/2015	UR Denial Date:	11/08/2014
Priority:	Standard	Application Received:	11/20/2014

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, has a subspecialty in Interventional Spine Pain Management 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 58 year old male with an injury date on 04/07/2005. Based on the 10/22/2014 progress report provided by the treating physician, the diagnoses are: Cervicalgia, Cervical facet dysfunction, history of brain injury, history of stroke, Depression and Headaches. According to this report, the patient complains of "headaches and neck pain. The pain is about the same." Patient states that "medications are helping." Physical exam reveals positive Spurling's test and tremors in the bilateral hands. Range of motion is decreased. Decreased sensation to light touch is noted in the bilateral hands. There is tenderness over the cervical paraspinal muscles, upper trapezius muscle, and scapular border. The treatment plan for the patient is to refill meds, continue home exercise, pending Psych referral, and schedule a spinal surgery consultation. The 09/24/2014 report indicates patient's pain is 5-6/10 without medications and 3-4 with medication; and "medication are helping him help sleep well." There were no other significant findings noted on this report. The utilization review denied the request for Tylenol #3, #60 and Gabapentin 300mg #30 on 11/08/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 02/18/2014 to 11/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3, #60: Upheld

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): 76-78, 88 and 89.

Decision rationale: According to the 10/22/2014 requesting report, this patient presents with "headaches and neck pain. The pain is about the same." The current request is for Tylenol #3, #60. This medication was first prescribed in the 07/16/2014 report. 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 4A'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 the reports show documentation of analgesia with pain going from 6/10 to 3/10. The 09/24/2014 UDS result was "test result is expected with prescribed medications." Other than these, the documentation lacks discussion regarding patient's ADL's, side effects, other opiates management issues such as CURES, behavioral issues. Outcomes measures are not documented as required by MTUS. No valid instruments are used to measure the patient's function which is recommended once at least every 6 months per MTUS. The treating physician has failed to properly document ADL's, adverse effects and adverse behavior as required by MTUS. The request is not medically necessary.

Gabapentin 300mg, #30: Overturned

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

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

Decision rationale: According to the 10/22/2014 requesting report, this patient presents with "headaches and neck pain. The pain is about the same." The current request is for Gabapentin 300mg #30. This medication was first prescribed in the 07/16/2014 report. Regarding Anti-epileptic (AKA anti-convulsant) 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 the reports indicates the patient has neuropathic pain. The ODG guidelines support the use of anti-convulsant for neuropathic pain. The treating physician indicates the patient states that "medication are helping him help sleep well." Patient's pain level is from 5-6/10 to 3-4/10 with medication. 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. The request is medically necessary.