

Case Number:	CM14-0199791		
Date Assigned:	12/05/2014	Date of Injury:	04/11/2005
Decision Date:	01/28/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	12/01/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 33 year old patient with date of injury of 04/11/2005. Medical records indicate the patient is undergoing treatment for brachial plexus lesions, thoracic outlet syndrome, cervical spine sprain/strain, bilateral occipital headaches, bilateral carpal tunnel syndrome, bilateral cubital tunnel syndrome and thoracic spine sprain/strain and lumbar spine strain/sprain. Subjective complaints include back pain and upper extremity pain, described as constant, stabbing, burning, electric, pressure, splitting, throbbing, stinging and cramping. The patient complains of numbness and tingling in bilateral upper extremities and bilateral feet and muscle spasm in cervical and periscapular region. Objective findings include tenderness to palpation over bilateral cervical paravertebral musculature, bilateral trapezius musculature and parascapular musculature with limited range of motion. There is tenderness to palpation over the bilateral upper extremities throughout, decreased range of motion and strength at shoulder and Roo's test is positive. MRI of right brachial plexus dated 08/08/2014 reveals no mass or mass compression along either brachial plexus and no evidence of neuritis. Treatment has consisted of EMG/NCV, Norco, Baclofen, Neurontin, Imitrex and Ibuprofen. Failed medications include Flexeril, Soma, Skelaxin, Robaxin and Valium. The utilization review determination was rendered on 10/30/2014 recommending non-certification of 30 Capsules of Prilosec 40 mg, 150 Tablets of Norco 10/325mg, 150 Tables of Baclofen 20mg, 90 Tablets of Ibuprofen 800mg, 9 Tablets of Imitrex 50mg and 180 Tablets of Neurontin 600mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Capsules of Prilosec 40 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Proton pump inhibitor (PPIs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk

Decision rationale: MTUS states "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or(4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA).And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The medical documents provided do not establish the patient has having documented GI bleeding/perforation/peptic ulcer or other GI risk factors as outlined in MTUS. Additionally, there is no subjective or objective evidence provided to indicate the patient suffers from dyspepsia because of the present medication regimen. As such, the request for 30 Capsules of Prilosec 40 mg is not medically necessary.

150 Tablets of Norco 10/325mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management.

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), Shoulder, Pain, Opioids.

Decision rationale: ODG does not recommend the use of opioids for neck, low back, and shoulder pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. 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 has documented a 30 minute onset, 40% reduction in pain, 4 hour duration of pain relief, increased ability to participate in activities of daily living, household cleaning and personal grooming, no adverse effects and no aberrant behaviors. The documented urine drug screenings

have been appropriate. As such, the question for 150 Tablets of Norco 10/325mg is medically necessary.

150 Tables of Baclofen 20mg: 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 (for pain) Page(s): 63-64.

Decision rationale: Baclofen is classified as a muscle relaxant. MTUS states "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP . . . Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Additionally, MTUS states "Baclofen (Lioresal, generic available): The mechanism of action is blockade of the pre- and post-synaptic GABAB receptors. It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain (trigeminal neuralgia, non-FDA approved). (ICSI, 2007)." The treating physician has provided documentation of trials and failures of first line therapies. However, this patient has been on Baclofen in excess of the guidelines recommendation of "short term use". As such the request for 150 Tables of Baclofen 20mg is not medically necessary.

90 Tablets of Ibuprofen 800mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ibuprofen, NSAIDs Page(s): 67-72.

Decision rationale: MTUS recommends the use of NSAIDs for the acute exacerbation of back pain at the lowest effective dose for the shortest amount of time due to the increased cardiovascular risk, renal, hepatic and GI side effects associated with long term use. MTUS states "Ibuprofen (Motrin, Advil [otc], generic available): 300, 400, 600, 800 mg. Dosing: Osteoarthritis and off-label for ankylosing spondylitis: 1200 mg to 3200 mg daily. Individual patients may show no better response to 3200 mg as 2400 mg, and sufficient clinical improvement should be observed to offset potential risk of treatment with the increased dose. Higher doses are generally recommended for rheumatoid arthritis: 400-800 mg PO 3-4 times a day, use the lowest effective dose. Higher doses are usually necessary for osteoarthritis. Doses should not exceed 3200 mg/day. Mild pain to moderate pain: 400 mg PO every 4-6 hours as needed. Doses greater than 400 mg have not provided greater relief of pain". The treating physician has documented a decrease in pain and functional improvement from the use of Ibuprofen. As such the request for 90 Tablets of Ibuprofen 800mg is medically necessary.

9 Tables of Imitrex 50mg: Overturned

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) Head, Triptans.

Decision rationale: MTUS and ACOEM are silent with regards to sumatriptan (imitrex). Other guidelines were utilized. ODG states regarding sumatriptan, "Recommended for migraine sufferers." Although this patient does not have a clinical diagnosis of migraines, the treating physician has provided documentation of "headaches between 9-10 days/month lasting several days, medication allows for headache severity and duration to be lessened". The patient has documented improvement of headaches and functional improvement with the use of this medication. As such, the request for 9 Tables of Imitrex 50mg is medically necessary.

180 Tablets of Neurontin 600mg: Upheld

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

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 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. 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". While the treating physician documents subjective complaints of numbness and tingling in the upper extremities, there is no evidence of neuropathic type pain or radicular pain on physical exam. As such, without any evidence of neuropathic type pain, the 180 Tablets of Neurontin 600mg is not medically necessary.