

Case Number:	CM14-0200347		
Date Assigned:	12/11/2014	Date of Injury:	08/01/1996
Decision Date:	01/28/2015	UR Denial Date:	11/03/2014
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 Occupational 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:

This 59-year-old male sustained a work related injury on 08/01/1996. The mechanism of injury was not made known. According to a progress noted dated 08/27/2014, the injured worker continued to complain of bilateral upper extremity pain. Medications were not helping as much as a stimulation device when it was working. The injured worker had been actively trying to decrease medication but it was hard to decrease until the stimulation device is replaced. The device was authorized and the injured worker was awaiting implant. Urinalysis on 03/05/2014 was consistent for prescribed medications without aberrancy. He was tolerating medications. The injured worker was trying to increase activity and was going to the gym twice per week. He rode a bike, walked and used an elliptical for about 15-20 minutes. Activities of daily living were noted as independent. The injured worker was able to drive himself and he did not use assistive devices. He quit smoking. He could sit, stand and walk. Sleep was disturbed 4 to 5 times per night. Physical examination revealed blood pressure of 140/76 mmHg and temperature 99 Fahrenheit. Pain was rated 7 on a scale of 0-10 and interval pain was rated 6-7. He was 6 feet tall and weighed 310 lbs. He was alert, oriented, coherent and in no apparent distress. Speech was clear without sedation. Mood was calm and participative. There was baseline grooming and gait was erect and independent. There was an IPG at the right lower quadrant and was non-tender. Diagnoses included bilateral upper extremity neuropathic pain consistent with CRPS, carpal tunnel syndrome bilaterally, depression secondary to chronic pain, spinal cord stimulation with unsatisfactory analgesia and medical co-morbidities. Treatment plan included schedule authorized spinal cord stimulation lead revision and generator replacement, refill OxyContin 15mg every 8 hours #90, Percocet 10/325mg four per day #120, Gabapentin 600mg three times a day #90 with 2 refills, continue Cymbalta 60mg twice a day #60 with 2 refills, encourage increased exercise walking daily discussed in detail, stimulation analysis and follow

up as scheduled. On 11/03/2014 Utilization Review non-certified OxyContin 15mg 1 tab every 8 hours #90, Percocet 10/325 1 by mouth every 4 hours #180, Gabapentin 600mg 1 by mouth three times a day #90 with 2 refills and Cymbalta 60mg 1 by mouth twice a day #60 with 2 refills. According to the Utilization Review physician there was lack of documentation indicating that the injured worker had significant objective functional improvement with the medications. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. There was lack of documentation indicating the injured worker was assessed for any side effects and was found to be free of side effects. There was no indication that the prescribed medication was effective in relieving the injured worker's pain. There was lack of documentation indicating that the injured worker had tried a tricyclic antidepressant prior to the request for Cymbalta. Weaning of these medications was recommended as opposed to abrupt discontinuation. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 15mg 1 tab Q 8 hours #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the exact initial prescription date for OxyContin is not documented. Urinalysis on 03/05/2014 is consistent for prescribed medications without aberrancy. The patient is tolerating his medications. However, the medical records do not clearly reflect continued analgesia and continued functional benefit with medication use. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for OxyContin 15mg 1 tab Q 8 hours #90 is not medically necessary.

Percocet 10/325 1 PO Q 4hrs #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the exact initial prescription date for Percocet is not documented. Urinalysis on 03/05/2014 is consistent for prescribed medications without aberrancy. The patient is tolerating his medications. However, the medical records do not clearly reflect continued analgesia and continued functional benefit with medication use. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Percocet 10/325 1 PO Q 4hrs #180 is not medically necessary.

Gabapentin 600mg 1 PO TID #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-17.

Decision rationale: As stated on pages 16 - 17 of CA MTUS Chronic Pain Medical Treatment Guidelines, antidepressants, such as pregabalin and gabapentin, are recommended as a first line option for neuropathic pain, i.e., painful polyneuropathy. In this case, the exact initial prescription date for gabapentin is not documented. Moreover, there is no documentation concerning pain relief and functional improvement derived from its use. The medical necessity has not been established due to insufficient information. Therefore, the request for gabapentin 600mg 1 PO TID #90 with 2 refills is not medically necessary.

Cymbalta 60mg 1 PO BID #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44.

Decision rationale: Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRI). Pages 43-44 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that duloxetine is recommended as an option in first-line treatment option in neuropathic pain, as well as depression. In this case, the exact initial prescription date for Cymbalta is not documented. Moreover, there is no documentation concerning pain relief and functional improvement derived from its use. The medical necessity has not been established due to insufficient information. Therefore, the request for Cymbalta 60mg 1 PO BID #60 with 2 refills is not medically necessary.