

Case Number:	CM14-0202642		
Date Assigned:	12/15/2014	Date of Injury:	10/01/2000
Decision Date:	01/31/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/03/2014

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 New York. 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 claimant is a 47 yo female who sustained an industrial injury on 10/10/2000. The mechanism of injury was not provided for review. Her diagnoses include chronic low back pain, neck pain- post-laminectomy syndrome, and opioid type dependence. She continues to complain of neck and low back pain. On physical exam she has an antalgic gait; there is tenderness to palpation of the paravertebral muscles with spasm and decreased range of lumbar range of motion with pain- forward flexion 45 degrees, extension 5 degrees and lateral bending 10 degrees. There is decreased range of cervical motion with forward flexion 50 degrees, extension 15 degrees and rotation 20 degrees. Treatment in addition to surgery has consisted of medical therapy with opiates. The treating provider has requested Norco 10/325mg qid as needed, Neurontin 600mg tid, Flexeril 7.5mg bid as needed # 60, and Methadone 10mg q 8 hours # 270.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg by mouth, four (4) times per day, as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91-97.

Decision rationale: The documentation indicates the enrollee has been treated with opioid therapy with Norco. Per California MTUS Guidelines, short-acting opioids such as Norco are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that the claimant has responded to ongoing opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. The patient has continued pain despite the use of long and short acting opioid medications. The patient may require a multidisciplinary evaluation to determine the best approach to treatment of his chronic pain syndrome. Medical necessity for Norco 10/325 has not been established. The requested treatment is not medically necessary.

Neurontin 600mg, three (3) times per day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin); Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

Decision rationale: The recommended medication, Gabapentin is not medically necessary for the treatment of the patient's condition. Per the documentation there is no evidence that the claimant has neuropathic pain. Per California MTUS Guidelines 2009 antiepilepsy medications are a first line treatment for neuropathic pain. A recommended trial period for an adequate trial of gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. The patient has been prescribed the medication and there is no specific documentation of a positive response to this medical therapy. Medical necessity has not been documented and the requested treatment is not medically necessary.

Flexeril 7.5mg by mouth, two (2) times per day as needed #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril); ANTISPASMODICS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

Decision rationale: Per the reviewed literature, Flexeril (Cyclobenzaprine) is not recommended for the long-term treatment of chronic pain. The medication has its greatest effect in the first four days of treatment. The documentation indicates there are palpable muscle spasms but there is no documentation of functional improvement from any previous use of this medication. Per Ca MTUS Guidelines muscle relaxants are not considered any more effective than nonsteroidal anti-

inflammatory medications alone. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested treatment is not medically necessary.

Methadone 10mg by mouth every 8 hours #270: 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 Page(s): 61, 91-97.

Decision rationale: Methadone is a synthetic opioid with potent analgesic effects. Although it is associated commonly with the treatment of opioid addiction, it may be prescribed by licensed family physicians for analgesia. Methadone's unique pharmacokinetics and pharmacodynamics make it a valuable option in the management of cancer pain and other chronic pain, including neuropathic pain states. It may be an appropriate replacement for opioids when side effects have limited further dosage escalation. After starting methadone therapy or increasing the dosage, systemic toxicity may not become apparent for several days. Some medications alter the absorption or metabolism of methadone, and their concurrent use may require dosing adjustments. Methadone is less expensive than other sustained-release opioid formulations. Methadone has been studied as a therapy for cancer pain and other chronic pain states. It is an appropriate replacement opioid when pain remains poorly controlled or when side effects of other opioids limit dosage escalation. Per California MTUS Guidelines 2009, Methadone is recommended as a second-line drug for moderate to severe pain if the potential benefits outweigh the risk. The treatment of chronic pain with these agents requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that the claimant has responded to Methadone therapy. In addition she continues with the use of Norco, another opiate medication, for breakthrough pain. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this claimant. Medical necessity for the requested item has not been established. The requested item is not medically necessary.