MAXIMUS Federal Services

Case Number:	CM14-0202742		
Date Assigned:	12/15/2014	Date of Injury:	07/16/2008
Decision Date:	02/04/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/04/2014

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 Rehab, has a subspecialty in Interventional spine 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 53 year old female with an injury date of 07/16/08.As per 11/03/14 progress report, the patient complains of intermittent and sharp pain in the neck and bilateral arms that is rated at 8/10 without medications and 3/10 with them. Physical examination reveals decreased right hand grip strength. There is tenderness to palpation in bilateral lateral epicondyle and bilateral AC joint, right greater than left. Cervical spine twisting, flexion and extension is painful bilaterally. There is allodynia to light touch in right lateral thumb. Tinel's sign is positive on the right. In progress report dated 10/09/14 from another treater, the patient suffers from pain and stiffness in the cervical spine with tenderness to palpation in the bilateral paracervical muscles and severely reduced range of motion. In progress report dated 09/16/14, the patient is experiencing hand pain and ulnar nerve neuropathy as well. Current medications, as per progress report dated 11/03/14, include Gabapentin, Norco, Tramadol and Butrans patch. The patient has returned to work, as per progress report dated 11/03/14. Diagnoses, 11/03/14:- Cervical sprain- Right shoulder impingement syndrome- Carpal tunnel syndromeThe treater is requesting for (a) FOUR BUTRANS PATCHES 20 mcg (b) GABAPENTIN 400 mg THIRTY COUNT (c) NORCO 10/325 mg SIXTY COUNT (d) TRAMADOL 50 mg 180 COUNT. The utilization review determination being challenged is dated 11/19/14. Treatment reports were provided from 05/06/14 - 11/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four butrans patches, 20 mcg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 88 and 89, 78.

Decision rationale: The patient presents with intermittent and sharp pain in the neck and bilateral arms that is rated at 8/10 without medications and 3/10 with them, as per progress report dated 11/03/14. The request is for four butrans patches 20 mcg. MTUS Guidelines pages 88 and 89 states, "pain should be assessed at each visit, and functioning should be measured at 6-month intervals using the numerical scale or validated instrument. MTUS page 78 also requires documentation of the 4As (analgesia, activities of daily living (ADLs), adverse side effects, and adverse 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. A prescription for Butrans patch is first noted in progress report dated 05/06/14. The patient has been receiving the medication consistently since then. In progress report dated 11/03/14, the treater states that Butrans patch was prescribed because the patient needs 24 hour pain relief and the transdermal patch has been indicated by the FDA for pain, not for opiate addiction. In the same progress report, the patient reports that her pain is 8/10 without medications and 3/10 with them. The patient is working and the medications make her pain "tolerable to the point that she is able to function and work at night." The report states further that medications allow the patient to "sit for 4 hours and walk for 1 hour, without taking medications she can only sit for 2 hours and walk for 30 minutes." Additionally, the report also confirms that there are no side effects, no aberrant behavior, and the urine drug screen (UDS) reports are consistent. Although these details are not specific to Butrans patch, it appears that opioids are helping the patient significantly. Hence, this request is medically necessary.

Gabapentin 400 mg, thirty count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone, generic available); medication for chronic pain Page(s): 18,.

Decision rationale: The patient presents with intermittent and sharp pain in the neck and bilateral arms that is rated at 8/10 without medications and 3/10 with them, as per progress report dated 11/03/14. The request is for Gabapentin 400 mg thirty count. MTUS has the following regarding Gabapentin on pages 18 and 19: "Gabapentin (Neurontin, Gabarone, generic available) 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."In this case, a prescription for Gabapentin was first noted in progress report dated 05/06/14. The patient has received the medication consistently since then. In the latest progress report dated 11/03/14, the treater states that Gabapentin is for treating "neuropathic pain and paraesthesiases." The patient has neck pain and has been diagnosed with carpal tunnel syndrome, for which

Gabapentin is indicated. The treater states that medications help reduce pain from 8/10 to 3/10 and make her pain "tolerable to the point that she is able to function and work at night." The report states further that medications allow the patient to "sit for 4 hours and walk for 1 hour, without taking medications she can only sit for 2 hours and walk for 30 minutes." There is clear documentation of change in pain and function (not only Gabapentin though) as required by MTUS on page 60. This request is medically necessary.

Norco 10/325 mg, sixty count: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids; medication for chronic pain Page(s): 88 and 89, 76-78; 60-61.

Decision rationale: The patient presents with intermittent and sharp pain in the neck and bilateral arms that is rated at 8/10 without medications and 3/10 with them, as per progress report dated 11/03/14. The request is for Norco 10/325 mg sixty count. MTUS Guidelines pages 88 and 89 states, "pain should be assessed at each visit, and functioning should be measured at 6-month intervals using the numerical scale or validated instrument. MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse 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. A prescription for Norco is first noted in progress report dated 05/06/14. The patient has been receiving the medication consistently since then. In progress report dated 11/03/14, the treater states that Norco was prescribed to "improve pain and function." In the same progress report, the patient reports that her pain 8/10 without medications and 3/10 with them. The patient is working and the medications make her pain "tolerable to the point that she is able to function and work at night." The report states further that medications allow the patient to "sit for 4 hours and walk for 1 hour, without taking medications she can only sit for 2 hours and walk for 30 minutes." Additionally, the report also confirms that there are no side effects, no aberrant behavior, and the UDS reports are consistent. Although these details are not specific to Norco, it appears that opioids are helping the patient significantly. Hence, this request is medically necessary.

Tramadol 50 mg, 180 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids; medication for chronic pain Page(s): 88 and 89, 76-78; 60-61.

Decision rationale: The patient presents with intermittent and sharp pain in the neck and bilateral arms that is rated at 8/10 without medications and 3/10 with them, as per progress report dated 11/03/14. The request is for Tramadol 50 mg, 180 count. MTUS Guidelines pages 88 and

89 states, "pain should be assessed at each visit, and functioning should be measured at 6-month intervals using the numerical scale or validated instrument. MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse 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. A prescription for Tramadol is first noted in progress report dated 05/06/14. The patient has been receiving the medication consistently since then. In progress report dated 11/03/14, the treater states that Tramadol was prescribed "to improve pain and function." In the same progress report, the patient reports that her pain 8/10 without medications and 3/10 with them. The patient is working and the medications make her pain "tolerable to the point that she is able to function and work at night." The report states further that medications allow the patient to "sit for 4 hours and walk for 1 hour, without taking medications she can only sit for 2 hours and walk for 30 minutes." Additionally, the report also confirms that there are no side effects, no aberrant behavior, and the UDS reports are consistent. However, these details are not specific to Tramadol. The patient is on Norco as well as Butrans. Tramadol is a weak mu-receptor binding opioid and unlikely contributing to the patient's analgesia. The treater does not explain why tramadol is needed when the patient is already on two other opiates. The request is not medically necessary.