

Case Number:	CM14-0209214		
Date Assigned:	12/22/2014	Date of Injury:	01/30/2012
Decision Date:	02/27/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 55-year-old who was injured on 1/30/2012. The diagnoses are left shoulder and upper extremity pain. On 10/23/2014, [REDACTED] noted subjective complaint of left upper extremity pain radiating down the left arm. There was objective finding of tenderness with decreased range of motion of the left shoulder. The sensation over the left forearm was decreased. The patient was being evaluated for thoracic outlet syndrome. On 8/22/2014, [REDACTED] noted subjective complaints of neck pain associated with tingling, numbness, weakness and pins/needles sensation of the left upper extremity. The medications listed are Norco, Neurontin and Tramadol. A Utilization Review determination was rendered on 12/2/2014 recommending modified certification for Norco 7.5/325mg #80 to #40, Neurontin 300mg #80 2 refills to #40 and Tramadol ER 150mg #30 to #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of Opioids Page(s): 49 and 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short term treatment of exacerbation of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids is associated with the development of tolerance, dependency, sedation, addiction, opioid induced hyperalgesia and adverse interaction with other sedatives. The use of multiple opioids is associated with increased incidence of adverse effects. The records indicate that the patient is utilizing multiple opioid medications. There is no documentation of guideline recommended compliance monitoring measures such as UDS, Pills count, absence of aberrant behaviors or functional restoration. The records indicate that the patient is being evaluated for exacerbation of neck pain caused by thoracic outlet syndrome. The criteria for the short term utilization of only one opioid medication was met. The use of Tramadol is associated with less opioid associated adverse effects than pure opioid agonists. The criteria for the use of Norco 7.5/325mg #80 was not met.

Neurontin 300mg #80 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (AED's) Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Anticonvulsants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that anticonvulsant medications can be utilized as first line medications for the treatment of neuropathic pain. The records indicate that the patient have subjective and objective findings consistent with neuropathic pain. The patient is being investigated for nerve damage pain caused by thoracic outlet syndrome. There is documentation of symptomatic improvement from utilization of Neurontin. The criteria for the use of Neurontin 300mg #80 2 refills was met.

Tramadol ER 150mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111, 113, 119. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short term treatment of exacerbation of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids is associated

with the development of tolerance, dependency, sedation, addiction, opioid induced hyperalgesia and adverse interaction with other sedatives. The use of multiple opioids is associated with increased incidence of adverse effects. The records indicate that the patient is utilizing multiple opioid medications. There is no documentation of guideline recommended compliance monitoring measures such as UDS, Pills count, absence of aberrant behaviors or functional restoration. The records indicate that the patient is being evaluated for exacerbation of neck pain caused by thoracic outlet syndrome. The use of Tramadol is associated with less opioid associated adverse effects than pure opioid agonists. The criteria for the use of Tramadol ER 150mg #30 was met.