

<b>Case Number:</b>	CM15-0002513		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	06/14/2000
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 injured worker is a 57 year old male who sustained an industrial injury on June 14, 2000. The injured worker sustained an injury to the cervical disc and shoulders. Diagnoses include intervertebral cervical disc with myelopathy, degeneration of cervical intervertebral disc and bilateral shoulder pain. Treatment to date has included pain medication, neurological testing, a cervical fusion of cervical four-cervical five levels in January of 2014, a cervical fusion of cervical five to cervical seven in October of 2011 and a carpal tunnel release in 2003. The current documentation dated December 5, 2014 notes that the injured worker reported cervical spine pain and bilateral shoulder. Physical examination revealed a decreased grip of the right hand. Cervical spine examination showed decreased range of motion and tenderness to palpation. The injured workers current pain medication regime was noted to be helpful with the pain and allowed him to be somewhat functional. On January 6, 2015, the injured worker submitted an application for IMR for review of retrospective medications including Valium 5 mg # 60, Norco 10/325 mg # 60, Percocet 10/325 mg # 60 and Gabapentin 600 mg # 90 with one refill. Also requested were additional Home Health care services three days a week, twelve hours per week, related to chronic cervical pain. On December 31, 2014 Utilization Review non-certified the requests. The MTUS, Chronic Pain Medical Treatment Guidelines and ACOEM Guidelines were cited as well as Non- MTUS, ACOEM Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Valium 5mg tablet #60: 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 Benzodiazepine Page(s): 24. Decision based on Non-MTUS Citation Pain section, Benzodiazepines

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Valium 5 mg #60 is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks) because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. For additional details see the Official Disability Guidelines. In this case, the injured worker's working diagnoses are S/P cervical fusion C5-C7 October 2011; S/P discectomy and fusion at C4-C5, January 2014; MRI 11/22/13 showing a large disc herniation, extruding disc at C4-C5; EMG 9/17/10 of upper extremities with acute denervation right C6-C7 spinal root distributions most consistent with proximal ventral radiculopathy and bilateral median mononeuropathy; bilateral shoulder pain; and carpal tunnel release in 2003. Subjectively, the injured worker complains of ongoing neck pain, upper extremity pain and carpal tunnel problems. Injections to the shoulder have been helpful with increased range of motion. He reports the valium has been quite helpful. Valium brings pain from 9/10 to a 5/10 on the VAS scale. Objectively, the injured worker is able to flex his right shoulder to 110 and walks with a walker slowly. Valium has been prescribed as far back as February 2014 (12 months ago). Valium is not recommended for long-term use (longer than two weeks) because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. The documentation does not contain compelling clinical facts to warrant the ongoing use of Valium 5 mg in contravention of the recommended guidelines. Consequently, absent clinical documentation to support the ongoing use of Valium in contravention of the recommended guidelines, Valium 5 mg #60 is not medically necessary.

**Retrospective Percocet 10/325mg tablet #60: 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 Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Percocet 10/325 mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's

decreased pain, increase level of function or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. The patient should set goals and the continued use of opiates should be contingent on meeting those goals. In this case, the injured worker's working diagnoses are S/P cervical fusion C5-C7 October 2011; S/P discectomy and fusion at C4-C5, January 2014; MRI 11/22/13 showing a large disc herniation, extruding disc at C4-C5; EMG 9/17/10 of upper extremities with acute denervation right C6-C7 spinal root distributions most consistent with proximal ventral radiculopathy and bilateral median mononeuropathy; bilateral shoulder pain; and carpal tunnel release in 2003. Subjectively, the injured worker complains of ongoing neck pain, upper extremity pain and carpal tunnel problems. Injections to the shoulder have been helpful with increased range of motion. He reports the value has been quite helpful. Valium brings pain from 9/10 to a 5/10 on the VAS scale. The medical record review was 28 pages in its entirety. The documentation does not contain a rationale for the use of two opiates Norco and Percocet. The VAS scale without medications is 9/10 with medications 5/10. The pain level remains significant despite using Percocet in conjunction with Norco. Additionally, the documentation does not contain any evidence of titration or an attempted titration within the body of the medical record. Consequently, absent clinical documentation to support the ongoing use of Percocet with the clinical rationale for the dual use of two opiates and attempted titration, Percocet 10/325 mg #60 is not medically necessary.

**Retrospective Percocet 10/325mg tablet #60: 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 Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Percocet 10/325 mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. The patient should set goals and the continued use of opiates should be contingent on meeting those goals. In this case, the injured worker's working diagnoses are S/P cervical fusion C5-C7 October 2011; S/P discectomy and fusion at C4-C5, January 2014; MRI 11/22/13 showing a large disc herniation, extruding disc at C4-C5; EMG 9/17/10 of upper extremities with acute denervation right C6-C7 spinal root distributions most consistent with proximal ventral radiculopathy and bilateral median mononeuropathy; bilateral shoulder pain; and carpal tunnel release in 2003. Subjectively, the injured worker complains of ongoing neck pain, upper extremity pain and carpal tunnel problems. Injections to the shoulder have been helpful with increased range of motion. He reports the value has been quite helpful. Valium brings pain from 9/10 to a 5/10 on the VAS scale. The medical record review was 28 pages in its entirety. The documentation does not contain a rationale for the use of two opiates Norco and Percocet. The VAS scale without

medications is 9/10 with medications 5/10. The pain level remains significant despite using Percocet in conjunction with Norco. Additionally, the documentation does not contain any evidence of titration or an attempted titration within the body of the medical record. Consequently, absent clinical documentation to support the ongoing use of Percocet with the clinical rationale for the dual use of two opiates and attempted titration, Percocet 10/325 mg #60 is not medically necessary.

**Retrospective Gralise (Gabapentin) 600mg tablet #90 with 1 refill: 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 Gralise (gabapentin Page(s): 49. Decision based on Non-MTUS Citation Pain section, Gabapentin

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Gralise (gabapentin) 600 mg #90 with one refill is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions and fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is the epilepsy drug. In this case, the injured worker's working diagnoses are S/P cervical fusion C5-C7 October 2011; S/P discectomy and fusion at C4-C5, January 2014; MRI 11/22/13 showing a large disc herniation, extruding disc at C4-C5; EMG 9/17/10 of upper extremities with acute denervation right C6-C7 spinal root distributions most consistent with proximal ventral radiculopathy and bilateral median mononeuropathy; bilateral shoulder pain; and carpal tunnel release in 2003. Subjectively, the injured worker complains of ongoing neck pain, upper extremity pain and carpal tunnel problems. Injections to the shoulder have been helpful with increased range of motion. He reports the value has been quite helpful. Valium brings pain from 9/10 to a 5/10 on the VAS scale. The medical record review was 28 pages in its entirety. Injured worker had complaints of drowsiness associated with gabapentin. The treating physician attempted a trial with Gralise 600 mg three tablets at bedtime. A progress note dated January 2, 2015 indicates the trial of Gralise did not work as well as the gabapentin. Consequently, absent clinical documentation showing a beneficial effect after a trial with Gralise, Gralise (gabapentin) 600 mg #90 with one refill is not medically necessary.

**12 Additional home health care services, 3 days a week for 4 weeks (12 hours per week) related to chronic cervical pain: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain section, Home healthcare services

**Decision rationale:** Pursuant to the Official Disability Guidelines, 12 additional home healthcare services, three days a week for four weeks (12 hours per week) due to chronic cervical pain is not medically necessary. Home health services are recommended on a short-term basis

following major surgical procedures or inpatient hospitalization, to prevent hospitalization for to provide longer term nursing care and supportive services for those whose condition is such that they would otherwise require inpatient care. Home healthcare is the provision of medical and other health care services to the injured or ill person in their place of residence. They include both medical and non medical services for patients were confined to the home (homebound) and who require: skilled nursing care by a licensed medical professional for such tasks as IV drugs, physical therapy, etc.; and or personal care services for health-related tasks and assistance with activities of daily living that do not require skills of a medical professional such as feeding, bathing and dressing. Justification for medical necessity requires documentation of the medical condition that necessitates home healthcare services including objective deficits in function and specific activities precluded by such deficits; the expected kinds of services that will be required than estimates of duration and frequency; the level of expertise and/or professional licensure; is the patient home bound; etc. See the guidelines for additional details. In this case, the injured worker's working diagnoses are S/P cervical fusion C5-C7 October 2011; S/P discectomy and fusion at C4-C5, January 2014; MRI 11/22/13 showing a large disc herniation, extruding disc at C4-C5; EMG 9/17/10 of upper extremities with acute denervation right C6-C7 spinal root distributions most consistent with proximal ventral radiculopathy and bilateral median mononeuropathy; bilateral shoulder pain; and carpal tunnel release in 2003. Subjectively, the injured worker complains of ongoing neck pain, upper extremity pain and carpal tunnel problems. Injections to the shoulder have been helpful with increased range of motion. He reports the Valium has been quite helpful. Valium brings pain from 9/10 to a 5/10 on the VAS scale. The medical record review was 28 pages in its entirety. The injured worker continues to struggle with ADLs of physical therapy is helping. With medications, the injured worker was able to move from room to room within the home and get to the restroom, perform self-hygiene and fix quick, short meals. The injured worker is not home bound nor does the injured worker require skilled nursing care. The documentation does not support home healthcare services. Consequently, absent clinical documentation meeting the criteria for home healthcare services in addition to, the injured worker non-home bound and not receiving skilled nursing care, 12 additional home healthcare services, three days a week for four weeks (12 hours per week) due to chronic cervical pain is not medically necessary.