

Case Number:	CM15-0004495		
Date Assigned:	01/15/2015	Date of Injury:	02/05/2010
Decision Date:	03/13/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/08/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 injured worker is a 51 year old male, who sustained an industrial injury on 2/5/2010. The current diagnoses are post laminectomy syndrome of the lumbar region and status post lumbar fusion (2/22/2010). Currently, the injured worker complains of chronic, severe low back pain, 8/10 on a subjective pain scale. He rates the average pain 6/10 with medications and 10/10 without. Treatment to date has included chiropractic, series of lumbar epidural steroid injections, and surgery. Per notes, the injured worker underwent a caudal injection on 11/14/2013; he reports a 70% reduction in his pain for 2 months, with his pain slowly returning thereafter. The injured worker obtained greater than 50% pain relief and functional improvement with decreased medication requirements from his last lumbar epidural steroid injection on 11/5/2014. The treating physician is requesting Norco 10/325mg #180, Vicoprofen 7.5/200mg #90, Amitriptyline Hcl 25mg #60, Neurontin 300mg #90, and caudal epidural steroid injection, which is now under review. 11/24/14 medical report identifies greater than 50% pain relief and functional improvement with decreased medication requirements from the last ESI, but then the report also notes that pain levels were 6/10 with medication and 10/10 without. There was also no apparent decrease in the amount of pain medication prescribed. On 12/15/2014, Utilization Review had non-certified a request for Norco 10/325mg #180, Vicoprofen 7.5/200mg #90, Amitriptyline Hcl 25mg #60, Neurontin 300mg #90, and caudal epidural steroid injection. The California MTUS Chronic pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg tablet, 1 orally every 4 hours PRN pain (max 6/day) #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Regarding the request for Norco, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the provider notes some decreased pain with medication use, but there is no indication that the medication is improving the patient's function (in terms of specific examples of functional improvement), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco is not medically necessary.

Vicoprofen 7.5/200mg tablet, 1 orally every 8 hours PRN pain #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Regarding the request for Vicoprofen, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the provider notes some decreased pain with medication use, but there is no indication that the medication is improving the patient's function (in terms of specific examples of functional improvement), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Vicoprofen is not medically necessary.

Amitriptyline Hcl 25mg tablet, 1-2 orally at bedtime #60: 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 Chapter, Insomnia Treatment

Decision rationale: Regarding the request for amitriptyline, it appears that the medication is being utilized as a sleep aid. California MTUS does not address the issue. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days may indicate a psychiatric or medical illness. Within the documentation available for review, there is no clear description of the patient's insomnia, no statement indicating what behavioral treatments have been attempted, and no statement indicating how the patient has responded to treatment. Furthermore, there is no indication that the medication is being used for short-term treatment as recommended by guidelines. In the absence of such documentation, the currently requested amitriptyline is not medically necessary.

Neurontin 300mg capsule (Gabapentin), 1 orally TID #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16-21.

Decision rationale: Regarding request for gabapentin, Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is some pain relief noted with medications in general, but there is no identification of any specific objective functional improvement. In the absence of such documentation, the currently requested gabapentin is not medically necessary.

Caudal epidural steroid injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: Regarding the request for epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment

of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Regarding repeat epidural injections, guidelines state that repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, the provider mentions more than 50% pain relief with functional improvement and decreased medication use for 2 months after the prior injection. However, this is not consistent with the medical report from less than 3 weeks after the injection reporting pain levels of 6/10 with medication and 10/10 without. There was no mention of any specific examples of functional improvement and the patient did not appear to be prescribed less pain medication at that time. In the absence of clarity regarding the above issues, the currently requested epidural steroid injection is not medically necessary.