

Case Number:	CM15-0101572		
Date Assigned:	06/04/2015	Date of Injury:	02/14/1998
Decision Date:	07/02/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/27/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker (IW) is a 51-year-old male who sustained an industrial injury on 02/14/1998. Diagnoses include status post left anterior cervical fusion, cervical osteophytes, lumbar discopathy, L5-S1 neural foraminal stenosis and postsurgical dysphagia. The CT scan dated 2/18/15 showed evidence of the cervical fusion, straightening of the lordotic curve and osteophytic spurring at C4-C5 indenting prevertebral soft tissues with mass effect on the posterior aspect of the esophagus. Treatment to date has included medications and extracorporeal shockwave therapy; he joined a gym on his own and was swimming and doing low-impact aerobics. According to the progress report dated 2/17/15/15 the IW reported aching, stabbing pain in the neck rated 8-9/10, stabbing pain in the left arm rated 5-6/10 and stabbing and aching pain in the low back rated 8-9/10. He also reported feeling clicking and clunking in the cervical and lumbar spine with activities. He reported taking Gabapentin and Excedrin helps. On examination, there was tenderness and decreased range of motion (ROM) in the cervical spine and mild spasm on ROM. ROM was also less than full in the lumbar spine, with tenderness and muscle tightness present. A request was made for Gabapentin 600mg, #60 with two refills, acupuncture eight sessions and Tylenol #3, #90 with two refills per the IW's request for something mild for the pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600 mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 16 of 127 and page 19 of 127.

Decision rationale: This claimant was injured back in 1998. He is post cervical fusion, and has post surgical dysphagia. There is still aching and stabbing pain in the neck. There is no mention of GERD or GI risk factors. There is no documentation of failure of first line proton pump inhibitors. The MTUS notes that anti-epilepsy drugs (AEDs) like Gabapentin are also referred to as anti-convulsants, and are recommended for neuropathic pain (pain due to nerve damage). However, there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. It is not clear in this case what the neuropathic pain generator is, and why therefore that Gabapentin is essential. 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. This claimant however has neither of those conditions. The MTUS sets a high bar for effectiveness of continued or ongoing medical care in 9792.24.1. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. With this proposed treatment, there is no clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical examination, or a reduction in the dependency on continued medical treatment. Since the MTUS criteria are not met to continue the services, the request is not medically necessary.

Acupuncture 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This claimant was injured back in 1998. He is post cervical fusion, and has post surgical dysphagia. There is still aching and stabbing pain in the neck. There is no mention of GERD or GI risk factors. There is no documentation of failure of first line proton pump inhibitors. The MTUS notes frequency and duration of acupuncture or acupuncture may be up to 6 treatments to confirm functional improvement. Acupuncture treatments may be extended only if true functional improvement is documented as defined in Section 9792.20(f). This frequency and duration requested is above guides as to what may be effective, as only a six-session trial is supported under MTUS. The sessions were appropriately non-certified under the MTUS Acupuncture criteria. Therefore, the request is not medically necessary.

Tylenol No. 3 #90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 79, 80 and 88 of 127.

Decision rationale: This claimant was injured back in 1998. He is post cervical fusion, and has post surgical dysphagia. There is still aching and stabbing pain in the neck. There is no mention of objective, functional improvement out of the opiate usage. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids; (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.