MAXIMUS Federal Services

Case Number:	CM15-0107865		
Date Assigned:	06/12/2015	Date of Injury:	08/16/2005
Decision Date:	07/13/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/04/2015

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:

This 59 year old male sustained an industrial injury to the neck, right arm and right shoulder on 8/16/05. The injured worker later developed compensatory left elbow pain. Previous treatment included three shoulder surgeries, physical therapy, chiropractic therapy, home exercise and medications. Magnetic resonance imaging lumbar spine (4/30/13) showed multilevel degenerative spondylosis and facet arthropathy and anterolisthesis of C4 on C5 with mild instability. In a progress note dated 4/7/15, the injured worker complained of increasing neck pain with severe pain radiating to bilateral upper extremities down to the hands associated with tingling and burning. The injured worker reported that self-mobilization and a new mattress were not helping. The injured worker rated his neck pain 9/10 on the visual analog scale. The injured worker stated that he could not take the pain any more. The injured worker also complained of bilateral shoulder pain. Physical exam was remarkable for neck with tenderness to palpation and full, painful range of motion, right shoulder with limited range of motion, left shoulder with full range of motion and tenderness to palpation to the left lateral epicondyle with positive Tinel's at the right radial nerve. The physician noted that the injured worker's symptoms were getting worse. The goal for the day was immediate pain control so the injured worker could sleep and get control of his pain. Current diagnoses included right arm weakness status post rotator cuff repair, history of anterior interosseous nerve injury, left compensatory epicondylitis, cervical spine degenerative disc disease, right carpal tunnel syndrome and right ulnar neuropathy. The treatment plan included occasional chiropractic therapy, surgical evaluation and refilling Norco and Gralise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that this 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, pain relief is noted, but there is no indication that the medication is improving the patient's function (in terms of specific examples of functional improvement) 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 (hydrocodone/acetaminophen) is not medically necessary.

RETRO: Toradol injection (DOS: 2/26/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 72.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter Ketorolac (Toradolï½).

Decision rationale: Regarding the request for Toradol injection, CA MTUS does not address the issue. ODG cites that ketorolac, when administered intramuscularly, may be used as an alternative to opioid therapy. Within the information available for review, there is no clear indication of an exacerbation of pain and a clear rationale for the addition of a Toradol injection for a patient utilizing opioid therapy. In the absence of clarity regarding the above issues, the requested Toradol injection is not medically necessary.

Gralise 600mg (samples): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs Page(s): 18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R Page(s): 16-21 of 127.

Decision rationale: Regarding request for Gralise, 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, the provider notes improved pain and also no side effects from this medication as opposed to the generic gabapentin that the patient was using previously. However, there is no identification of any specific objective functional improvement. As such, the currently requested Gralise is not medically necessary.