

Case Number:	CM15-0017604		
Date Assigned:	02/05/2015	Date of Injury:	01/17/2009
Decision Date:	04/02/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	01/29/2015

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

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 72 year old female, who sustained an industrial injury on 1/17/2009, while working as a patient keeper. She has reported neck, upper back, and right shoulder pain. The diagnoses have included chronic pain syndrome, carpal tunnel syndrome, depression, and peripheral enthesopathies and allied syndromes. Treatment to date has included surgical intervention and conservative treatments. Left carpal tunnel release surgery was noted on 2/02/2013. Currently, the injured worker complains of ongoing pain in her right shoulder, with radiation into the right trapezius and lower scapular area. Pain was rated 7-8/10. She also reported constant tingling and numbness to bilateral hands. Physical exam noted palpatory tenderness in the right trapezius, left wrist, and hand. Motor exam noted weakness in the right shoulder. Cervical range of motion was flexion 20, extension 15. Right shoulder range of motion was flexion 60, extension 15. Medications included Methadone, Gabapentin, Methocarbamol, Cymbalta, Norco, and Dulcolax. The PR2 report noted CURES report revealed no evidence of diversion. She was noted as stable on her medications with no significant changes. On 1/28/2015, Utilization Review non-certified a request for prospective usage of Gabapentin x2 refills, prospective usage of Robaxin x2 refills, prospective usage of Methadone 10mg x2 refills, prospective usage of Norco 10/325mg #180 x2 refills, and prospective usage of Dulcolax x2 refills, noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin x 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drug (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18.

Decision rationale: The patient presents with neck pain, upper back pain, right shoulder pain, and bilateral hand pain. The request is for GABAPENTIN X2 REFILLS. Patient's diagnosis on 06/25/14 included brachial neuritis, radiculitis. Patient's medications include Gabapentin, Robaxin, Methadone, Norco and Ducolax. The patient is retired, on permanent disability, and is not currently working. MTUS has the following regarding Gabapentin on pg 18,19: "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." Patient has been taking Gabapentin since 06/25/14 report. Per progress report dated 10/22/14, treater states the patient "continues to maintain her pain and functional status with her medication regimen." Treater states in progress report dated 12/30/14 that "patient takes prescribed Hydrocodone and Gabapentin from her pain management specialist the patient was advised to continue with pain management with [REDACTED], as this seems adequate to support her ongoing pain." Given patient's diagnosis and benefit from medication, the request appears reasonable and indicated by guidelines. Therefore, the request for Neurontin IS medically necessary.

Robaxin x 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants for pain, Anti-spasmodic drugs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC); musculoskeletal conditions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: This patient presents with neck pain, upper back pain, right shoulder pain, and bilateral hand pain. The treater has asked for ROBAXIN X2 REFILLS on 12/10/14. Regarding muscle relaxants for pain, MTUS recommends with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The patient is retired, on permanent disability, and is not currently working. In this case, there is no documentation of an exacerbation. The patient is suffering from chronic low back pain and the treater does not

indicate that this medication is to be used for short-term. MTUS only supports 2-3 days use of muscle relaxants if it is to be used for an exacerbation. The request IS NOT medically necessary.

Methadone 10mg x 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 CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: This patient presents with neck pain, upper back pain, right shoulder pain, and bilateral hand pain. The treater has asked for METHADONE 10MG X2 REFILLS on 12/10/14. Patient has been using Methadone since 6/25/14. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The patient is retired, on permanent disability, and is not currently working. In this case, the treater indicates a decrease in pain with current medications which include Methadone, stating "she continues to maintain her pain and functional status with her medication regimen" per 12/10/14 report. But there is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living are not discussed. There is no discussion of return to work or change in work status attributed to the use of the opiate. Urine toxicology has not been asked for and a CURES report revealed no evidence of any other source of medications per 12/10/14 report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. The request IS NOT medically necessary.

Norco 10/325mg #180 x 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 CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: This patient presents with neck pain, upper back pain, right shoulder pain, and bilateral hand pain. The treater has asked for NORCO 10/325MG #180 X 2 REFILLS on 12/10/14. Patient has been using Norco since 6/25/14. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects,

and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The patient is retired, on permanent disability, and is not currently working. In this case, the treater indicates a decrease in pain with current medications which include Norco, stating "she continues to maintain her pain and functional status with her medication regimen" per 12/10/14 report. But there is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living are not discussed. There is no discussion of return to work or change in work status attributed to the use of the opiate. Urine toxicology has not been asked for and a CURES report on 12/10/14 showed no other sources of medications. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. The request IS NOT medically necessary.

Ducolax x 2 refills: Overturned

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 Official disability guidelines Pain Chapter. Topic: Opioid-induced constipation treatment.

Decision rationale: This patient presents with neck pain, upper back pain, right shoulder pain, and bilateral hand pain. The treater has asked for DUCOLAX X 2 REFILLS on 12/10/14. The patient has been using Ducolax since 10/22/14 report. Regarding Opioid-induced constipation treatment, ODG recommends that Prophylactic treatment of constipation should be initiated. ODG states: "As first-line treatment, patient should be advised to increase physical activity, maintain appropriate hydration by drinking enough water, and follow a proper diet, rich in fiber. In addition, some laxatives may help to stimulate gastric motility. Other over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool." The patient is retired, on permanent disability, and is not currently working. In this case, the patient has been on opioids and prophylactic treatment of constipation is indicated. The request IS medically necessary.