

Case Number:	CM15-0138464		
Date Assigned:	07/28/2015	Date of Injury:	01/08/2003
Decision Date:	08/25/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/16/2015

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: Massachusetts

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 55 year old female sustained an industrial injury on 1/18/03. She subsequently reported right foot pain. Diagnoses include cervicalgia, cephalgia and left upper extremity radiculopathy. Treatments to date include MRI testing, spine surgery, physical therapy and prescription pain medications. The injured worker continues to experience neck, left shoulder and upper extremity pain as well as headaches and low back pain that radiates to the right buttock and bilateral lower extremities. Upon examination, there was tenderness to palpation over the paraspinal muscles in the lumbar region bilaterally. There are palpable spasms in the shoulder girdle, cervical spine and upper thoracic spine. Range of motion of the lumbar spine is significantly limited secondary to pain. A request for Fentanyl 50 mcg/hr Qty 15 and Neurontin 600 mg Qty 90 with 3 refills was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 50 mcg/hr Qty 15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system); Opioids Page(s): 44, 78-86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant has a remote history of a work injury occurring in January 2003 and continues to be treated for neck and low back pain with radiating upper and lower extremity symptoms, left shoulder pain, and headaches. Medications are referenced as decreasing pain from 10/10 to 7/10. When seen, her BMI was over 37. There were cervical spine and upper thoracic muscle spasms and lumbar paraspinal muscle tenderness. There were left shoulder muscle spasms. Fentanyl and Percocet were prescribed at a total MED (morphine equivalent dose) of 165 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Ongoing prescribing at this dose was not medically necessary.

Neurontin 600 mg Qty 90 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti epilepsy drugs Page(s): 16-18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs), p16-18.

Decision rationale: The claimant has a remote history of a work injury occurring in January 2003 and continues to be treated for neck and low back pain with radiating upper and lower extremity symptoms, left shoulder pain, and headaches. Medications are referenced as decreasing pain from 10/10 to 7/10. When seen, her BMI was over 37. There were cervical spine and upper thoracic muscle spasms and lumbar paraspinal muscle tenderness. There were left shoulder muscle spasms. Gabapentin was prescribed at 1800 mg per day. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of greater than 1200 mg per day. In this case, the claimant's gabapentin dosing consistent with that recommendation and ongoing prescribing was medically necessary.