

Case Number:	CM15-0142272		
Date Assigned:	08/03/2015	Date of Injury:	09/15/2002
Decision Date:	09/03/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/22/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 56 year old female, who sustained an industrial injury on September 15, 2002. The injured worker was diagnosed as having cervical spondylosis, cervical disc degeneration, cervical disc displacement, cervicalgia, occipital neuralgia cervical syndrome, asthma, hyperthyroidism, chronic right shoulder pain with history of right shoulder surgery in 2004, chronic neck pain, right sided chronic low back pain, right sided temporal and frontal headaches, depression due to chronic pain, and chronic right elbow and wrist pain. Treatments and evaluations to date have included MRIs, x-rays, right shoulder surgery, bracing, physical therapy, acupuncture, electromyography (EMG), and medication. Currently, the injured worker reports ongoing neck, low back, and right shoulder pain. The Primary Treating Physician's report dated June 5, 2015, noted the injured worker's current medications as Norco, Neurontin, Cholesterol and Hydrochlorothiazide (per primary care physician), and Viibryd, Klonopin, and Ambien (per another physician). The Physician noted the objective findings showed no significant change. The treatment plan was noted to include Norco and Neurontin was dispensed. The injured worker's work status was noted as permanent and stationary with permanent restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 150 (retrospective dispensed 6/5/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes that ongoing management of opioid therapy should include the lowest possible dose prescribed to improve pain and function, and ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The MTUS Guidelines define functional improvement as "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...and a reduction in the dependency on continued medical treatment." On-going management should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The guidelines recommend a pain agreement for chronic opioid use, and consideration of use of a urine drug screen (UDS) to assess for use or the presence of illegal drugs. Norco (Hydrocodone / Acetaminophen) is indicated for moderate to moderately severe pain. The injured worker was noted to have been prescribed Norco since at least October 2014. The current documentation provided noted the injured worker reported having ongoing neck, low back, and right shoulder pain, continuing to do well with the current medications. The injured worker was provided with Norco on June 5, 2015, without documentation of current objective, measurable improvement in the injured worker's pain, function, and ability to perform specific activities of daily living (ADLs), work status, or reduction in dependency on medical care with the use of the Norco. The documentation provided did not include documentation of a current pain assessment that included the injured worker's current pain, least reported pain over the period since last assessment, average pain, and the intensity of pain after taking the Norco, how long it takes for pain relief, or how long the pain relief lasts. There was no current physical examination provided. Based on the guidelines, the documentation provided did not support the medical necessity of the request for Norco (retrospective dispensed June 5, 2015).

Neurontin 800 mg Qty 90 (retrospective dispensed 6/5/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti epilepsy drugs (AEDs) Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-19.

Decision rationale: According to the CA MTUS antiepilepsy drugs (AEDs) are recommended for neuropathic pain, with a "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the trigger to switch to a different first-line agent or a combination therapy if treatment with a single drug agent fails. 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. Gabapentin (Neurontin) 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. There is a lack of evidence to demonstrate that AEDs significantly reduce the level of myofascial or other sources of somatic pain, and are not recommended. The injured worker was noted to have been prescribed Neurontin since at least October 2014. The injured worker was provided with Neurontin on June 5, 2015, without documentation of current objective, measurable improvement in the injured worker's pain, function, and ability to perform specific activities of daily living (ADLs), work status, or reduction in dependency on medical care with the use of the Neurontin. There was no current pain assessment or physical examination provided. Based on the guidelines, the documentation provided did not support the medical necessity of the request for Neurontin 800 mg Qty 90 (retrospective dispensed June 5, 2015).