

Case Number:	CM15-0161633		
Date Assigned:	08/27/2015	Date of Injury:	08/23/2013
Decision Date:	10/13/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/17/2015

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: Arizona, Michigan

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 is a 64 year old female, who sustained an industrial injury on 8-23-2013. She reported pain to the left shoulder, wrist, low back and left hip, neck, left shoulder, elbow, hand, knee and ankle. The injured worker was diagnosed as having lumbar disc displacement with myelopathy, sciatica, left hip sprain and strain, and partial tear of rotator cuff tendon of the left shoulder, complete thickness tear of the supraspinatus tendon of the left shoulder, impingement syndrome of left shoulder with down sloping acromion and acromioclavicular joint arthritis, left shoulder pain and stiffness. Treatment to date has included AME (8-12-2015), magnetic resonance imaging of multiple body parts, medications, cane. The request is for Neurontin, Norco, Nortriptyline, and urine toxicology screening. On 4-23-2015, she is noted to use Norco on an as needed basis, Nortriptyline for sleep, and Neurontin for numbness and tingling. Her medications seem to help her and improve her quality of life and ability to exercise. On 6-25-2015, she reported pain to the left shoulder, neck and low back. She indicated there had been no changes from her previous exam. She is not working. She indicated she continues to use Nortriptyline, Neurontin and Norco as prescribed. The treatment plan included: urine toxicology screening. She is reported to appear to be compliant with use of Norco, Gabapentin and Nortriptyline and these medications were refilled. The provider noted request for a urine toxicology on her next visit to "make sure we have no aberrant or abnormal behaviors". On 7-2-2015, she reported, pain to the left shoulder. She had last been seen on 5-28-2015. She requested discussion regarding surgery after having had no improvement. The treatment plan included: left shoulder surgery. On 8-6-2015, she reported pain to the left shoulder, lumbar spine and left hip

with radiation into the left foot and associated numbness over the left hip and into the leg. The treatment plan included: pending left shoulder surgery, 12 post-operative left shoulder surgery physical therapy sessions, pain management. Work status is temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The CA MTUS chronic pain guidelines note Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The CA MTUS guidelines recommend Gabapentin for patients with spinal cord injury as a trial for chronic neuropathic pain that is associated with this condition. The CA MTUS guidelines also recommend a trial of Gabapentin for patients with fibromyalgia and patients with lumbar spinal stenosis. The CA MTUS guidelines recommend anti-epilepsy drugs for neuropathic pain. "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 for: a switch to a different first line agent, combination therapy if treatment with a single drug agent fails". Ongoing treatment should reflect documentation of pain relief and functional improvement, as well as, side effects of the anti-epilepsy drug. According to the CA MTUS all therapies must be focused on the goal of functional restoration rather than just the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement, with functional improvement being documented in reduction of pain, increased pain control, and improved quality of life. 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; and a reduction in the dependency on continued medical treatment. In this case, there is no discussion of: reduction of pain, increased pain control, and improved quality of life. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Therefore, the request for Neurontin 300mg #60 with 1 refill is not medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Per the CA MTUS, Norco is a combination of Hydrocodone & Acetaminophen. Hydrocodone is considered a semi-synthetic opioid which is considered the most potent oral opioid that does not require special documentation in some states (not including California). The CA MTUS Chronic Pain Medical Treatment Guidelines state that Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The guidelines note that there are no FDA-approved hydrocodone products for pain unless formulated as a combination. The guidelines state that the usual dose of 5-500mg is 1 or 2 tablets by mouth every four to six hours as needed for pain (Max 8 tablets per day). For higher doses of hydrocodone (>5mg per tab) and acetaminophen (>500mg per tab) the recommended dose is usually 1 tablet every four to six hours as needed for pain. The guidelines state that Hydrocodone has a recommended maximum dose of 60mg per 24 hours and that the dose is limited by the dosage of acetaminophen, which should not exceed 4g per 24 hours. The CA MTUS indicates the 4 A's for ongoing monitoring of opioids should be documented for analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The CA MTUS Chronic Pain Medical Treatment Guidelines indicates that management of opioid therapy should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain level; the least reported pain over the period since last assessment; average pain level; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts with the use of Norco. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. According to the CA MTUS all therapies must be focused on the goal of functional restoration rather than just the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement, with functional improvement being documented in reduction of pain, increased pain control, and improved quality of life. 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; and a reduction in the dependency on continued medical treatment. In this case, there is no discussion of her: current pain level; the least reported pain over the period since last assessment; average pain level; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts with the use of Norco. There is no discussion of her: activities of daily living, adverse side effects, and aberrant drug taking behaviors. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Therefore, the request for Norco 10/325mg #60 is not medically necessary.

Nortriptyline 25mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation www.Drugs.com.

Decision rationale: Per Drugs.com, Nortriptyline (Pamelor) is a tricyclic antidepressant. The CA MTUS and ODG, do not directly address Nortriptyline. The CA MTUS recommends antidepressants as a first line option for neuropathic pain, and a possibility for non-neuropathic pain. Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors (SSRIs), unless adverse reactions are a problem. Caution is required because tricyclics have a low threshold for toxicity, and tricyclic antidepressant overdose is a significant cause of fatal drug poisoning due to their cardiovascular and neurological effects. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The optimal duration of treatment is not known because most double-blind trials have been of short duration (6-12 weeks). It has been suggested that if pain is in remission for 3-6 months, a gradual tapering of anti-depressants may be undertaken. Long-term effectiveness of anti-depressants has not been established. The effect of this class of medication in combination with other classes of drugs has not been well researched. In this case, there is no discussion of pain outcomes, evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Therefore, the request for Nortriptyline 25mg #30 with 1 refill is not medically necessary.

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

Decision rationale: Per the CA MTUS, drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The CA MTUS recommends in on-going opioid management, drug screening or inpatient treatment for those patients with issues of abuse, addiction, or poor pain control, along with documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). In this case, there is no discussion of her having issues of abuse, addiction, or poor pain control, along with documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). In addition, Norco, Neurontin, and Nortriptyline have all been determined to be not medically necessary. Therefore, the request for urine toxicology screen is not medically necessary.