MAXIMUS Federal Services

Case Number:	CM15-0164344		
Date Assigned:	09/10/2015	Date of Injury:	10/29/2009
Decision Date:	10/28/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/21/2015

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: Texas, Florida
Certification(s)/Specialty: Anesthesiology, 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 is a 59 year old female with a date of injury on 10-29-2009. A review of the medical records indicates that the injured worker is undergoing treatment for discogenic cervical condition with facet inflammation, shoulder impingement syndrome, internal derangement of the knees and carpal tunnel syndrome on the right. There are associated diagnoses of stress, insomnia, anxiety and depression disorders. Medical records (5-6-2015 to 7-1-2015) indicate ongoing back pain, spasms and stiffness. She complained of pain in both shoulders. She was taking Gabapentin for neuropathic pain and occasional muscle relaxants for muscle spasms. She reportedly had knee instability with popping and clicking. Per the treating physician (7-1-2015), the employee was not currently working. The physical exam (5-6-2015 to 7-1-2015) reveals tenderness along the lumbar and cervical paraspinal muscles. She was unable to stand on toes and heels. She could do squat only half way. She had pain in her shoulders. There was positive impingement and Hawkin's signs. She had pain across the knee joint both medially and laterally. Treatment has included shoulder injection, magnetic resonance imaging (MRI), left knee injection, wrist splint, physical therapy and medications. The original Utilization Review (UR) (8-4-2015) non-certified requests for Gabapentin, Morphine ER, Protonix and unloading knee braces. Utilization Review modified a request for a polar care unit from 21 days to 7 days. Utilization Review certified requests for right shoulder surgery, pre-operative testing, an immobilizer and medication (Augmentin, Zofran, Norco and Tramadol).

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Polar Care Unit (in days) Qty 21: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Shoulder, Cold/ Heat Therapy.

Decision rationale: The CA MTUS and the ODG guidelines recommend that Cold therapy can be utilized for short term treatment after acute musculoskeletal injury and in the post-operative period. The utilization of Cold therapy can result in decrease in swelling, reduction in pain and functional restoration. The records indicate that the request for the Polar Unit cold treatment was for a duration of 21 days. The guidelines did not support the use of Cold treatment beyond 1 week following acute injury or surgery. The criteria for the use of Associated Surgical Service - Polar Care Unit #21 days was not met and the request is not medically necessary.

Gabapentin 600mg tablets Qty 180: 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), Medications for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Antiepileptic medications.

Decision rationale: The CA MTUS and the ODG guidelines recommend that anticonvulsant medication scan be utilized for the treatment of chronic pain syndrome and neuropathic pain associated with psychosomatic symptoms. The utilization of Gabapentin can be associated with pain relief, reduction in opioid utilization and functional restoration. There is no documentation of adverse effect associated with the use of Gabapentin. The records indicate unexplained duplicate request for Gabapentin 600mg dosage. The request of a supply of Gabapentin 600mg Qty 180 was not met and the request is not medically necessary.

Morphine ER 30mg tablets Qty 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): Medications for chronic pain, Opioids for chronic pain, Chronic pain programs, opioids, Opioids for neuropathic pain, Opioids, long-term assessment, Opioids, psychological intervention, Opioid hyperalgesia, Oral morphine, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs, non-opioid co-analgesics and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with psychiatric and other sedative agents. The records indicate that the patient is utilizing high dose opioids with multiple sedative medications. The presence of persistent severe pain with chronic utilization of high dose opioids is indicative of opioid induced hyperalgesia state. The records indicate the presence of significant psychosomatic disorders. There is no documentation of objective functional restoration and consistent compliance monitoring reports. The criteria for the use of Morphine ER 30mg #60 was not met and the request is not medically necessary.

Protonix 20mg tablets Qty 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): Medications for chronic pain, NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDs induced gastrointestinal complications in high risk patients. The records did not show a history of significant gastrointestinal disease or chronic utilization of NSAIDs. The indication for chronic use of Protonix was not specified. There is no documentation of failure of treatment with first line proton pump inhibitor such as Omeprazole. The criteria for the use of Protonix 20mg #60 was not met and the request is not medically necessary.

Gabapentin 600mg tablets Qty 90: Overturned

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), Medications for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Antiepileptics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that anticonvulsant medication scan be utilized for the treatment of chronic pain syndrome and neuropathic pain associated with psychosomatic symptoms. The utilization of Gabapentin can be associated with pain relief, reduction in opioid utilization and functional restoration. There is no documentation of adverse effect associated with the use of Gabapentin. The records indicate unexplained

duplicate request for Gabapentin 600mg dosage. The request of monthly supply of Gabapentin 600mg Qty 90 was met and the request is medically necessary.

Associated surgical service: Unloading knee braces (1 for each knee) Qty 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): General Approach, Activity Alteration. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Knee, DME- Brace.

Decision rationale: The CA MTUS and the ODG guidelines recommend that knee braces can be utilized for joint stabilization and to decrease loading in the presence of significant knee instability. The guidelines noted that the brace can be helpful in the presence of patella and collateral ligament instability. The records did not show objective or radiological findings of knee instability. The MRI of the knees did not show any significant abnormal findings of the knees. The criteria for the use of Unloading Knee Brace QTY 2 (Associated surgical service was not met) and the request is not medically necessary.