

Case Number:	CM15-0180317		
Date Assigned:	09/22/2015	Date of Injury:	12/14/1995
Decision Date:	11/16/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/14/2015

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: 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 65 year old male, who sustained an industrial injury on 12-14-95. Medical record indicated the injured worker is undergoing treatment for cervical disc degeneration, arthropathy, lumbar facet syndrome, lumbar radiculopathy, post lumbar laminectomy syndrome, cervical spinal stenosis, thoracic-lumbar radiculopathy and myalgia and myositis. Treatment to date has included oral medications including Gabapentin (since at least 1-13-15), Hydrocodone, Vicodin (since at least 1-13-15), Ibuprofen (since at least 1-13-15) and Ambien (since at least 1-13-15) ; topical Fentanyl patches (since at least 1-13-15), spinal cord stimulator trial, lumbar epidural steroid injections; lumbar laminectomy, joint injections; and activity modifications. (MRI) magnetic resonance imaging of lumbar spine performed on 6-9-15 revealed post-surgical changes of the lumbar spine with resection of the posterior elements from L1-L2 to L5-S1, placement of intervertebral disc spacers at L2-3, L3-5 and L4-5 and mild to moderate disc degenerative disease of lumbar spine at T12-L1, L2-3 and L3-5. Urine drug screen performed on 1-13-15 was consistent for medications prescribed. Currently on 6-13-15, the injured worker complains of continued low backache, leg pain with progressing weakness, especially down right leg with numbness and tingling progressing. He reports at least 40% improvement in pain with medication and he reports improved functionality (unchanged from visits of 4-7-15 and 5-6-15); he rates the pain 5 out of 10 on average which is unchanged since previous visit. He also states his activity level has decreased, he has not been exercising and medications are helping but less effective; since last visit his quality of life and sleep level are unchanged. He also notes he would like to come off oral tablets and proceed with pain pump.

Physical exam performed on 6-13-15 revealed restricted cervical range of motion and tenderness of bilateral cervical paravertebral muscles and tenderness of lumbar paravertebral muscles bilaterally and decreased gross sensation of right lower extremity, non-dermatomal. The treatment plan included refills of Fentanyl 50mcg-hr, Vicodin 7.5-300 #90 and Ibuprofen 800mg. On 8-6-15, utilization review non-certified requests for Fentanyl patches 50mcg #10, Vicodin ES 7.5-300mg #90 the injured worker indicated the medications were not effective and in addition the recommended morphine equivalent dosage of 120mg per day is exceeded; Ambien 10mg #30 noting it is indicated for short term (7-10 days) treatment of insomnia and Neurontin 300mg #120 noting it is recommended for neuropathic pain and the most recent clinical notes did not clearly indicate any objective functional improvements and no indication the medication has provided adequate pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 50mcg/hr patch #10: 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 for chronic pain.

Decision rationale: The MTUS recommends Fentanyl for moderate to moderately severe pain. Opioids for chronic pain appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear, but also appears limited. If the patient does not respond to a time limited course of opioids it is suggested that an alternate therapy be considered. For the on-going management of opioids there should be documentation of pain relief, functional improvement, appropriate use and side effects. The patient's MED greatly exceeds the recommended daily dosage. The PR-2 supplied for review documented the patient stated his medications were no longer effective at relieving his pain. Fentanyl 50mcg/hr patch #10 is not medically necessary.

Vicodin ES 7.5/300mg #90: 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 for chronic pain.

Decision rationale: According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. There is no

documentation of the above criteria for either of the narcotics that the patient has been taking. The patient's MED greatly exceeds the recommended daily dosage. The PR-2 supplied for review documented the patient stated his medications were no longer effective at relieving his pain. Vicodin ES 7.5/300mg #90 is not medically necessary.

Ambien 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web), Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Zolpidem (Ambien).

Decision rationale: The Official Disability Guidelines do not recommend the use of sleeping pills for long-term use. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. The patient has been taking Ambien for longer than the 2-6 week period recommended by the ODG. Ambien 10mg #30 is not medically necessary.

Neurontin 300mg #120: 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 MTUS states that gabapentin is an anti-epilepsy drug which 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. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is no documentation of any functional improvement. Neurontin 300mg #120 is not medically necessary.