

Case Number:	CM15-0181467		
Date Assigned:	10/14/2015	Date of Injury:	12/23/2004
Decision Date:	12/17/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/15/2015

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: Internal 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 44 year old male with a date of injury on 12-23-2004. The injured worker is undergoing treatment for shoulder impingement syndrome-right, displacement of cervical disc without myelopathy, degenerative disc disease-cervical, and cervicgia, ulnar neuropathy-bilaterally, rule out reflex sympathetic dystrophy and unspecified derangement of the upper arm joint. A Neurological surgeon report dated 06-16-2015 documents he is having severe shoulder pain due to a partial high grade thickness tear of the rotator cuff. He also has continued pain in the left elbow that radiates in the ulnar distribution into the 4th and 5th fingers that is associated with weakness and numbness sensation of the left hand. He has severe muscle spasm of the right trapezius muscle. He is to continue to take Norco for the pain, Gabapentin to reduce the nerve pain and Omeprazole to reduce the irritation in the stomach caused by the medications. He also takes Xanax to reduce his anxiety and to help him sleep at night. A physician progress note dated 07-31-2015 documents the injured worker has complaints of chronic severe neck and bilateral elbow-wrist and shoulder pain. He may be undoing right shoulder surgery in the near future. He is having severe ongoing shoulder pain with swelling and electrical pain. He rates his pain as 8 out of 10 without meds and 5 out of 10 with meds. Today his pain is rated 8 out of 10. Medications are keeping the injured worker functional, allowing for increased mobility and tolerance of ADL's and home exercises. He reports no side effects. Cervical spine paraspinals are tender to palpation right greater than left. There is tenderness to palpation to the right elbow. He has left upper extremity and right upper extremity decreased strength. There is decreased sensation in the right and left C8, and right C7 dermatomes. Incisions in his right elbow and

shoulder are tender with incisions being slightly erythematous but no drainage. UDT and CURES report are appropriate. He is temporarily totally disabled. Treatment to date has included diagnostic studies, medications, status post spinal cord stimulator trial-failed, psychology sessions, physical therapy, status post repeat right elbow ulnar nerve transposition, nerve blocks, cervical epidural injections, and Stellate ganglion blocks x 3. Medications prescribed by his psychiatrist include Zolpidem, Klonopin and Wellbutrin. Other medications include Percocet (since at least 10-01-2013), Gabapentin (since at least 01-26-2015), Nabumetone (since at least 01-26-2015), omeprazole, Nizatidine, Docusate Sodium, Alprazolam, Diphenhydramine Hcl, Flector patches, Lidoderm patches, Catapres and Naproxen. The Request for Authorization dated 08-03-2015 includes Gabapentin 300mg #120 with 2 refills, Nabumetone 500mg #120 with 2 refills, Percocet 10/325mg #150 with 2 refills, Promolaxin with 2 refills, Docusate Sodium, Nizatidine, Omeprazole, replacement Transcutaneous Electrical Nerve Stimulation unit supplies, transportation to and from the surgeon's office, and Magnetic Resonance Imaging of the left shoulder and cervical spine. On 09-01-2015 Utilization Review modified the request for Gabapentin 300mg #120 with 2 refills to Gabapentin 300mg #36 with 0 refills for weaning purposes. Nabumetone 500mg #120 with 2 refills was modified to Nabumetone 500mg #120 with 0 refills. Percocet 10/325mg #150 with 2 refills was modified to Percocet 10-325mg #90 with 0 refills for weaning. Promolaxin with 2 refills was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #150 with 2 refills: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the CA MTUS and the ODG, Percocet (Oxycodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested treatment with Percocet 10/325 mg is not medically necessary.

Gabapentin 300mg #120 with 2 refills: 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).

Decision rationale: Gabapentin (Neurontin) is an anti-epilepsy drug 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 records document that the patient has reported neuropathic pain related to his cervical disc disease and bilateral ulnar neuropathy. There is documentation of objective findings consistent with current neuropathic pain to necessitate the use of Gabapentin. In addition, there is documentation of benefit from the previous use of Gabapentin. Medical necessity for Gabapentin has been established. The requested medication is medically necessary.

Nabumetone 500mg #120 with 2 refills: 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): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs.

Decision rationale: Relafen (Nabumetone) is a non-specific non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. ODG states that NSAIDs are recommended for acute pain, osteoarthritis, acute low back pain (LBP) and acute exacerbations of chronic pain, short-term pain relief in chronic LBP, and short-term improvement of function in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. Guidelines recommended that the lowest effective dose be used for the shortest duration of time consistent with treatment goals. In this case, the patient has a chronic pain syndrome and there is documentation of subjective and objective benefit from use of this medication without any adverse effects. Medical necessity of the requested medication has been established. The request for Relafen is medically necessary.

Promolaxin with 2 refills: Upheld

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

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

Decision rationale: Opioid-induced constipation is a common adverse effect of long-term opioid use because of the binding of opioids to peripheral opioid receptors in the gastrointestinal tract, resulting in absorption of electrolytes and reduction in small intestine fluid. According to ODG, if opioids are determined to be appropriate for the treatment of pain then prophylactic treatment of constipation should be initiated. Promolaxin is a stool softener used to relieve occasional constipation. According to ODG, if opioids are determined to be appropriate for the treatment of pain then prophylactic treatment of constipation should be initiated. In this case, with non-approval of opioid use, the medical necessity of Promolaxin is not established. The requested medication is not medically necessary.