

Case Number:	CM15-0182723		
Date Assigned:	09/23/2015	Date of Injury:	01/18/2009
Decision Date:	11/10/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/16/2015

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:

This 54 year old female sustained an industrial injury on 1-18-09. Documentation indicated that the injured worker was receiving treatment for bilateral carpal tunnel syndrome, low back pain and lower extremity pain. Recent treatment consisted of injections, wrist splints and medication management. In a PR-2 dated 4-7-15, the injured worker complained of ongoing back pain with increased radicular symptoms down the left lower extremity, rated 8 out of 10 on the visual analog scale without medications and 4 out of 10 with medications. The injured worker reported that she was struggling with activities of daily living. The injured worker walked 2.5 miles a day 5 days a week. Physical exam was remarkable for increased tenderness to palpation to the lumbar paraspinal with positive left straight leg raise, "decreased" range of motion in all planes and "slightly decreased" deep tendon reflexes to the right Achilles and patellar tendon.

The treatment plan included continuing medications (MS Contin, Norco, Relafen, Neurontin, Colace, Lactulose, Lyrica, Zofran and Prilosec). In PR-2's dated 5-29-15 and 7-23-15, the injured worker complained of pain 8-9 out of 10 without medications and 3 out of 10 with medications. In a PR-2 dated 8-20-15, the injured worker complained of bilateral carpal tunnel syndrome, right hip, low back and lower extremity pain. The injured worker reported waking up with increased pain to the buttocks and numbness and tingling to both hands and wrists.

Objective findings were documented as "no significant change". The injured worker received a right trochanteric bursa injection during the office visit. The treatment plan included continuing medications (Relafen, Neurontin, Norco, Prilosec, Colace, Zofran, Lyrica and MS Contin). On 9-15-15, Utilization Review noncertified a request for Relafen 750mg #60, Norco 10-325mg #30, MS Contin 30mg #60 and Neurontin 800mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 750mg quantity 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): 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. The 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 had prior use of on NSAIDs without any documentation of significant improvement. There was no documentation of subjective or objective benefit from use of this medication. Medical necessity of the requested medication has not been established. The request for Relafen is not medically necessary.

Neurontin 800mg quantity 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): Anti-epilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Gabapentin (Neurontin).

Decision rationale: According to the CA MTUS, 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. There is no good evidence in this case for neuropathic pain. There are no physician reports which adequately address the indications and specific symptomatic and functional benefit from the AEDs used to date. Note the criteria for a "good" response per the MTUS. Work status is not mentioned. Gabapentin is not medically necessary based on the lack of any clear indication, the lack of any reports which address this medication, and the lack of significant symptomatic and functional benefit from its use to date. Medical necessity for Gabapentin has not been established. The requested medication is not medically necessary.

Norco 10/325mg quantity 30: 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 ODG, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately 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 insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. There is no documentation of significant pain relief or increased function from the opioids used to date. 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 medication is not medically necessary.

MS Contin 30mg quantity 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioid induced constipation treatment.

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 ODG and MTUS, MS Contin (Morphine Sulfate Controlled-Release) is a controlled-release preparation that should be reserved for patients with chronic pain, who are in need of continuous treatment. 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. For opioids, such as MS Contin, to be supported for longer than 6 months, there must be documentation of decreased pain levels and functional improvement. A satisfactory response to treatment may be indicated by decreased pain, increased level of function, and/or improved quality of life. In this case, there was no evidence of functional benefit or response to ongoing analgesic therapy, to support continuation of this medication. Medical necessity of the requested medication has not been established. Of note, discontinuation of MS Contin should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.