MAXIMUS Federal Services

Case Number:	CM15-0182745		
Date Assigned:	09/23/2015	Date of Injury:	09/15/2002
Decision Date:	10/29/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/17/2015

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: 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 56 year old female, who sustained an industrial injury on 9-15-2002. Medical records indicate the worker is undergoing treatment for chronic right shoulder pain, right shoulder surgery, chronic neck pain, right sided chronic low back pain, right sided temporal and frontal headaches, depression and chronic right elbow and wrist pain. A recent progress report dated 8-7-2015, reported the injured worker complained of neck, low back and right shoulder pain. Physical examination revealed pain from the neck extending to the right shoulder and down the lower back with tenderness to palpation. She has muscle spasms over the right side cervical paraspinal musculature and difficulty moving the right shoulder. Treatment to date has included surgery, physical therapy and medication management. Prior medications included Norco and Gabapentin which were documented to decrease pain levels by 50% and allow for activities of daily living and grocery shopping. These medications have been previously denied and the physician is requesting new prescription of Percocet 10-325mg and tapering Neurontin with prescriptions of Neurontin 400mg #21 and Neurontin 100mg #21. On 8-21-2015, the Utilization Review noncertified the request for Percocet 10-325mg, Neurontin 400mg #21 and Neurontin 100mg #21.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg: 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 Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non- compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Norco for an extended period with objective documentation of significant functional improvement and a 50% reduction in pain. It is unclear why the physician is requesting to add a second opioid when Norco is documented to be efficacious. There is no indication that Norco is being discontinued. Additionally, there is no quantity information included with this request, therefore, the request for Percocet 10/325mg is determined to not be medically necessary.

Neurontin 400mg #21: 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 Guidelines recommend the use of anti-epilepsy drugs for neuopathic pain. Most randomized controlled trials for the use of anti-epilepsy drugs for neuropathic pain have been directed at post-herpetic neuralgia and painful polyneuropathy, with polyneuropathy being the most common example. There are few RCTs directed at central pain, and none for painful radiculopathy. A good response to the use of anti-epilepsy drugs 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 to this magnitude may be the trigger for switching to a different first line agent, or combination therapy if treatment with a single drug fails. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of anti-epilepsy drugs depends on improved outcomes versus tolerability of adverse effects. Neurontin 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 injured worker is reported to having improved pain and in activities of daily living, but there are no clinical findings that confirm functional improvement, therefore, the request for Neurontin 400mg #21 is determined to not be medically necessary.

Neurontin 100mg #21: 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 Guidelines recommend the use of anti-epilepsy drugs for neuopathic pain. Most randomized controlled trials for the use of anti-epilepsy drugs for neuropathic pain have been directed at post-herpetic neuralgia and painful polyneuropathy, with polyneuropathy being the most common example. There are few RCTs directed at central pain, and none for painful radiculopathy. A good response to the use of anti-epilepsy drugs 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 to this magnitude may be the trigger for switching to a different first line agent, or combination therapy if treatment with a single drug fails. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of anti-epilepsy drugs depends on improved outcomes versus tolerability of adverse effects. Neurontin 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 injured worker is reported to having improved pain and in activities of daily living, but there are no clinical findings that confirm functional improvement, therefore, the request for Neurontin 100mg #21 is determined to not be medically necessary.