

Case Number:	CM15-0182934		
Date Assigned:	09/23/2015	Date of Injury:	05/30/2012
Decision Date:	11/19/2015	UR Denial Date:	09/16/2015
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: Physical Medicine & Rehabilitation, 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:

The injured worker is a 50 year old female, who sustained an industrial-work injury on 5-30-12. A review of the medical records indicates that the injured worker is undergoing treatment for cervical radiculopathy, cervical degenerative disc disease (DDD), cervical brachial myofascial pain syndrome, chronic pain syndrome, cervical spondylosis, and post-laminectomy syndrome cervical region. Medical records dated (6-3-15 to 8-4-15) indicate that the injured worker complains of cervical neck pain that is aching, burning, with numbness and tingling. The injured worker reports tremors, headaches, dizziness, light-headedness, stiffness, muscle weakness, depression, anxiety, stress and inability to sleep. The pain is rated 8-10 out of 10 on the pain scale. The medical record dated 8-4-15 the physician indicates that the pain is constant and is "worse with everything." The current pain was rated 10 out of 10. The least reported pain over the period since last assessment was rated 8 out of 10, the average pain was rated 10 out of 10, the intensity of pain after taking the medications is rated 10 out of 10 and how long the pain relief lasts is 10 to 20 minutes. The medical record dated 6-3-15 the physician indicates that Lyrica and Gabapentin were tried and failed in the past with intolerable side effects. The medical record dated 6-30-15 the physician indicates that the injured worker trialed and failed Mobic with intolerable side effects. Per the treating physician report dated 6-30-15 the injured worker has returned to work full duties with no limitations or restrictions. The physical exam -objective complaints dated 8-3-15 reveal that the cervical exam shows positive axial compression maneuver, positive Spurling's on the right, decreased range of motion of the cervical spine due to pain, decreased sensation of the right C7 distribution, severe palpable spasms bilateral cervical

paraspinous musculature with positive twitch response right greater than the left. Treatment to date has included status post 2 surgeries anterior cervical fusion 7-31-13 and 9-23-14, pain medication including Percocet since at least January 2015, Baclofen since at least 6-3-15, Neurontin since at least 6-30-15, Soma since at least 8-3-15, Cymbalta since at least 6-30-15, cervical epidural steroid injection (ESI), physical therapy, injections, swimming with improvement, off of work, activity modifications, pain management, diagnostics and other modalities. The treating physician indicates that the urine drug test result dated 9-1-15 was consistent with the medication prescribed. The physician also indicates in the medical records that there is a signed narcotic agreement on file and the injured worker does not exhibit any aberrant drug seeking behavior. The request for authorization date was 9-9-15 and requested services included Baclofen 10mg, #90, Neurontin 100mg, #180, Percocet 10mg, #100, Soma 350mg, #75 and Cymbalta 60mg, #30. A progress report dated September 1, 2015 indicates that a discussion was had with the patient regarding weaning the dose of Percocet and weaning the dose of soma. The physician recommended continuing Cymbalta and Baclofen at the currently prescribed dosages. A trial of Neurontin was also recommended. Pain is reduced from 10/10 to 8/10 with medication. The original Utilization review dated 9-16-15 non-certified the request for Baclofen 10mg, #90 and Soma 350mg, #75 as the guidelines do not recommend long term use of muscle relaxants for chronic back pain and as there is no documentation or rationale that the relaxants are required for the treatment of the injury the requests are not medically necessary. The request is non-certified for Neurontin 100mg, #180 and Cymbalta 60mg, #30 as per the guidelines there is no indication in the documentation of neuropathic pain and there is no documentation or rationale that Neurontin or Cymbalta are required for treatment of the injury and therefore, the requests are not medically necessary. The request for Percocet 10mg, #100 was non-certified as the guidelines do not recommend long-term opioids for chronic back pain and as there is no documentation or rationale that the opioid is required for the treatment of the injury, the request is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg, #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Regarding the request for Baclofen, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Baclofen specifically is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Within the documentation available for review, it appears the requesting physician is currently working on weaning the patient's dose of soma and Percocet. Additionally, he has noted that the patient's current pain medication reduces pain from 10/10 to 8/10. Although muscle relaxants are not recommended for long-term use, a one month supply, as requested here seems reasonable to allow the requesting physician time to wean the patient's other medications. As such, the currently requested baclofen is medically necessary.

Neurontin 100mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

Decision rationale: Regarding request for gabapentin (Neurontin), Chronic Pain Medical Treatment Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that 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 AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, it appears the patient has previously failed this medication due to side effects. There is no statement indicating why a repeat trial would be indicated at the current time. As such, the currently requested gabapentin (Neurontin) is not medically necessary.

Percocet 10mg, #100: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: Regarding the request for Percocet, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's pain with no intolerable side effects. It is acknowledged, that there should be better documentation of objective functional benefit as a result of this medicine. However, it appears the requesting physician is attempting to wean this medicine. Therefore, a one-month prescription, as requested here, seems reasonable. As such, the currently requested Percocet is medically necessary.

Soma 350mg, #75: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Regarding the request for Soma, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Baclofen specifically is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Within the documentation available for review, it appears the requesting physician is currently working on weaning the patient's dose of soma and Percocet. Additionally, he has noted that the patient's current pain medication reduces pain from 10/10 to 8/10. Although muscle relaxants are not recommended for long-term use, a one-month supply, as requested here seems reasonable to allow the requesting physician time to wean this medication. As such, the currently requested Soma is medically necessary.

Cymbalta 60mg, #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, SNRIs (serotonin noradrenaline reuptake inhibitors).

Decision rationale: Regarding the request for duloxetine (Cymbalta), guidelines state that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Within the documentation available for review, it appears that the patient's current medication regimen reduces pain from 10/10 to 8/10. It is unclear how much of this relief is attributable to Cymbalta. However, it appears the requesting physician is trying to wean the patient's dose of Percocet and soma. Therefore, continuing this medicine for one more month, seems reasonable to allow the requesting physician time to streamline the patient's current medication regimen. As such, the currently requested Cymbalta is medically necessary.