

Case Number:	CM15-0183572		
Date Assigned:	09/24/2015	Date of Injury:	05/13/2004
Decision Date:	11/24/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/18/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 52 year old female who sustained an industrial injury on May 13, 2004. A recent primary treating office visit dated August 14, 2015 reported chief subjective complaint of having significant amount of neck and upper back pain; States her upper back pain is rated at a constant 9 out of 10 on the pain scale. The neck pain was 8 out of 10 and described as aching and burning. There is also complaint of aching and burning pain in her shoulders rated a 10 out of 10. She complained of aching pain in her mid-right back and aching pain in bilateral arms. She currently takes Gabapentin, Norco and Tramadol which she stated as being helpful. The following diagnoses were applied to this visit: cervical pain, status post two-level anterior cervical discectomy and fusion; bilateral shoulder tendinopathy; right shoulder rotator cuff tear; carpal tunnel syndrome, right; right ganglion cyst; status post right carpal tunnel release; upper extremity chronic regional pain syndrome; obesity; internal medicine problems, and status post revision right carpal tunnel release. The plan of care was recommendation for pain management consultation for possible injection therapy; renew medications to include: Lorazepam 1mg #30, Norco 10mg 325mg #60, Ultracet #60, and Gabapentin 600mg #90 (all with three refills). There is note of: The Norco was reported as being effective because it reduces the pain to the point where it allows the patient to perform some activities of daily living. The medication is helping provide relief with the patient's moderate to severe pain. Primary follow up dated April 06, 2015 reported chief subjective complaint of neck, bilateral hands and wrists pain. She noted that she had a fall at home while walking; tried to catch her balance on a chair and went to the ground as the chair slipped or moved away from her. She did get evaluation at an emergency room and

states that since then she has had not had headaches but only neck pain. She reported that the bilateral upper extremity numbness and tingling was getting worse. She received two intramuscular injections this visit. The plan of care is with recommendation for: acupuncture session treating flare up; prescribed a transcutaneous nerve stimulator unit; and continue medications: Voltaren XR, Gabapentin compound cream, Ultracet. On August 26, 2015 a request for Lorazepam 1 mg #30 with three refills; Ultracet #60 37.5mg 325mg; Gabapentin 600mg #90 three refills, and an orthopedic evaluation which were non-certified but modification due to guidelines recommendations: Benzodiazepines only for short term usage and insufficient documentation with Opioid use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, Benzodiazepines, Medications for chronic pain, Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress. Benzodiazepines.

Decision rationale: The CA MTUS and the ODG guidelines recommend that benzodiazepines can be utilized for the short term treatment of exacerbation of anxiety disorder. The chronic use of benzodiazepines can be associated with the development of tolerance, dependency, addiction, sedation, and adverse interaction with sedative medications. The guidelines does not support the use of benzodiazepines beyond the 4 to 6 weeks period because of the rapid development of tolerance and dependency. There is no documentation of compliance monitoring of serial UDS, adverse effects, CURESS data reports and functional restoration. The guidelines recommend that chronic pain patients with psychosomatic disorders be treated with anticonvulsant and antidepressant co-analgesic medications with anxiolytic and analgesic effects. The guidelines do not support the prescription of sedative refills because documentation of efficacy, compliance, absence of adverse effects and functional restoration is required at regular clinic evaluations before each refill. The criteria for the use of lorazepam 1mg #30 with 3 refills was not medically necessary.

Ultracet #60 37.5/325 #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment, Opioids, screening for risk of addiction (tests), Opioids, specific

drug list, Opioid hyperalgesia, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs, exercise and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation, opioid induced hyperalgesia and adverse interaction with sedative medications. There is no documentation of compliance monitoring of serial UDS, adverse effects, CURESS data reports and functional restoration. There is no documentation of failure of treatment NSAIDs and non opioid co-analgesics. The records indicate that the patient is utilizing multiple short acting opioids concurrently. The guidelines recommend that chronic pain patients with psychosomatic disorders be treated with anticonvulsant and antidepressant co-analgesic medications with anxiolytic and analgesic effects. The guidelines do not support the prescription of refills because documentation of efficacy, compliance, absence of adverse effects and functional restoration is required during clinic evaluation before each refill. The criteria for the use of Ultracet 37.5/325mg #60 with 3 refills was not medically necessary.

Gabapentin 600mg #90 with 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs), Medications for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Anticonvulsants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that anticonvulsant medications can be utilized for the treatment of neuropathic pain and chronic pain syndrome. The chronic use of gabapentin can be associated with improved analgesia, mood stabilization, reduction of analgesic utilization and functional restoration. The records indicate that the patient reported improved analgesia and functional restoration with the use of gabapentin. There was no report of adverse medication effect. The criteria for the use of gabapentin 600mg #90 with 3 refills medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment, Opioids, psychological intervention, Opioids, screening for risk of addiction (tests), Opioids, specific drug list, Opioids, steps to avoid misuse/addiction, Opioid hyperalgesia, Weaning of Medications.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs, exercise and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation, opioid induced hyperalgesia and adverse interaction with sedative agents. There is no documentation of compliance monitoring of serial UDS, adverse effects, CURESS data reports and functional restoration. The records indicate that the patient is utilizing multiple short acting opioid medications concurrently. The guidelines recommend that chronic pain patients with psychosomatic disorders be treated with anticonvulsant and antidepressant co-analgesic medications with anxiolytic and analgesic effects. The guidelines do not support the prescription of refills because documentation of efficacy, compliance, absence of adverse effects and functional restoration is required at regular clinic evaluation before each refill. The criteria for the use of Norco 10/325mg #60 with 3 refills was not medically necessary.