

Case Number:	CM15-0185730		
Date Assigned:	10/15/2015	Date of Injury:	04/22/2008
Decision Date:	11/23/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/21/2015

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: Massachusetts

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 65 year old female who sustained an industrial injury on 4-22-08. A review of the medical records indicates she is undergoing treatment for cervical spine sprain and strain with multilevel 1-2 millimeter disc bulges, bilateral shoulder rotator cuffs - status post right shoulder surgery, status post left wrist surgery with residual pain, and bilateral knee internal derangement - status post bilateral knee arthroscopic surgeries with ongoing severe osteoarthritis. Medical records (9-1-15) indicate "multiple pain complaints". She complains of left wrist pain, bilateral shoulder pain, bilateral knee pain, and neck pain. She rates her pain "4-6 out of 10 depending on her activity without medication". With use of Vicodin, her pain level decreases to "2-3 out of 10". The physical exam reveals a "mild" antalgic gait. Bilateral cervical paraspinal tenderness is noted from C2-T3. Muscle spasm is present in the cervical spine. Range of motion is noted to have flexion and extension at 30 degrees and bilateral rotation at 50 degrees. Tenderness is noted in bilateral shoulders. Range of motion is noted to be "restricted approximately 50% in the right shoulder" and approximately 40% in the left shoulder. Bilateral knees are noted to have medial and lateral joint line tenderness. Swelling is present. Diagnostic studies have included MRIs of the cervical spine, right lower extremity, and left upper extremity. Treatment includes medications: Vicodin 5-300, 1 tablet daily as needed for "moderate to severe" pain. The records do not indicate the length of time that the injured worker has been receiving Vicodin. Treatment recommendations include a trial of Gabapentin and Celebrex. A urine drug screen was requested. The utilization review (9-14-15) includes a request for

authorization of Vicodin 5-300mg #30, Gabapentin 300mg #60 - trial, Celebrex 100mg #30 - trial, and a urine drug screen x 1. The Vicodin and Gabapentin were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300 mg #30: 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, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in April 2008 when she fell while exiting a shuttle vehicle falling under her right side with injury to the left wrist, right shoulder, and both knees. She underwent left knee surgery in 2009, left wrist surgery in 2010, and right knee and shoulder surgery in 2011. She was seen for an initial evaluation by the requesting provider on 09/01/15. She was having increasing shoulder pain and ongoing neck pain with lower neck and upper thoracic region burning symptoms. Medications included Vicodin reported as decreasing pain from 4-6/10 to 2-3/10 with improvement in knee pain resulting in a greater ambulation distance. Physical examination findings included a body mass index of 34. There was a mildly antalgic gait. There was decreased cervical and bilateral shoulder range of motion. There was cervical tenderness with muscle spasms. She had shoulder tenderness. There was bilateral knee medial and lateral joint line tenderness. Vicodin was continued. A trial of gabapentin was started at 600 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Vicodin (hydrocodone/acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain and improved activity tolerance. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

Gabapentin 300 mg #60 Trial: Overturned

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

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

Decision rationale: The claimant sustained a work injury in April 2008 when she fell while exiting a shuttle vehicle falling under her right side with injury to the left wrist, right shoulder, and both knees. She underwent left knee surgery in 2009, left wrist surgery in 2010, and right knee and shoulder surgery in 2011. She was seen for an initial evaluation by the requesting

provider on 09/01/15. She was having increasing shoulder pain and ongoing neck pain with lower neck and upper thoracic region burning symptoms. Medications included Vicodin reported as decreasing pain from 4-6/10 to 2-3/10 with improvement in knee pain resulting in a greater ambulation distance. Physical examination findings included a body mass index of 34. There was a mildly antalgic gait. There was decreased cervical and bilateral shoulder range of motion. There was cervical tenderness with muscle spasms. She had shoulder tenderness. There was bilateral knee medial and lateral joint line tenderness. Vicodin was continued. A trial of gabapentin was started at 600 mg per day. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of at least 1200 mg per day. In this case, the claimant was having burning pain and a trial of gabapentin was appropriate. Ongoing titration would be expected unless there was documented efficacy of this medication at the initial dose. The request was medically necessary.