

Case Number:	CM15-0188925		
Date Assigned:	09/30/2015	Date of Injury:	02/28/2002
Decision Date:	12/01/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/25/2015

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 46 year old female, who sustained an industrial injury on 2-28-2002. Several documents included in the submitted medical records are difficult to decipher. The injured worker was being treated for cervical intervertebral disc displacement without myelopathy, pain in soft tissues of limb, cervical spondylosis without myelopathy, closed dislocation of shoulder, and complete rupture of rotator cuff. Medical records (6-19-2015 to 8-21-2015) indicate the injured worker reported ongoing neck pain radiating to the head and bilateral upper extremities. She reported a recent emergency room visit for right shoulder dislocation. She reported ongoing bilateral arm pain, left greater than right. The medical records show the subjective pain rating shows no significant improvement from 6 out of 10 on 6-19-2015 to 7 out of 10 on 8-21-2015. On 8-21-2015, her bilateral arm pain was rated 6 out of 10. The treating physician noted her medications improved her pain and provided increased mobility and function, and she denied side effects or adverse reactions. Records also indicate the injured worker is dependent on others for her activities of daily living, non-restful sleep with difficulty falling and staying asleep. The physical exam (6-19-2015 to 8-21-2015) revealed left shoulder abduction of 15 degrees, adduction of 50 degrees, and dysesthesia in the left hand fingers, which was a significant change. There were abnormal sensations in the cranial nerves, an antalgic gait, and an abnormal motor exam. There were diminished biceps, triceps, patellar, and ankle jerk bilaterally. The L2-S2 (lumbar 2-sacral 2) dermatomes were within normal limits, bilateral hip flexion and extension was 5 out of 5, and pain to palpation of the bilateral trapezii. There was cervical flexion of 30 degrees and rotation of 60 degrees with pain, and negative Spurling's test.

There was bilateral shoulder range of motion: flexion of 0-90 and abduction of 0-160, and internal of 70 with pain. There was right shoulder range of motion: external of 70 with pain. There was positive impingement to bilateral elbows increased pain, positive bilateral cubital tap test left greater than right, and allodynia along the right lateral epicondyle. There was a painful myofascial band to the bilateral splenius capitis and the bilateral trapezius, atrophy of the right rhomboid and supraspinatus, positive impingement testing, left shoulder external rotation of 50 degrees, and left shoulder internal rotation of 35% with severe pain. On 4-28-2015, a urine drug screen was positive for Norhydrocodone, Hydromorphone, Fentanyl, Norfentanyl, Gabapentin, acetaminophen, and Citalopram. Per the treating physician (8-21-2015 report), the injured worker is monitored by urine drug screening twice a year, a signed opioid agreement and a Controlled Substance Utilization Review and Evaluation System (CURES) check 3 times a year. The treating physician noted that the injured worker did not have any adverse effects. Surgeries to date have included a right shoulder arthroscopic debridement, labral repair, and capsulorrhaphy-capsular application in 2010 and right shoulder arthroscopic debridement, subacromial decompression, acromioplasty, and capsulorrhaphy in 2003. Treatment has included physical therapy, work restrictions, trigger point injections, cervical epidural steroid injection, a left shoulder steroid injection, a non-steroidal anti-inflammatory injection, an intramuscular steroid injection, and medications including opioid analgesic (Norco since at least 6-2014 and Fentanyl since at least 2-2015), topical analgesic, muscle relaxant, anti-anxiety, antidepressant, anti-epilepsy (Gabapentin since at least 11-2014), sleep, and non-steroidal anti-inflammatory. The requested treatments included Gabapentin 300mg #180, Norco 10-325mg #150, Fentanyl patch 25mcg #10, and 2 urine drug screenings using quantitative drug analysis. On 9-16-2015, the original utilization review modified a request for Gabapentin 300mg #180 and non-certified requests for Norco 10-325mg #150, Fentanyl patch 25mcg #10, and 2 urine drug screenings using quantitative drug analysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #180: 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 states that gabapentin 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. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is no documentation of any functional improvement. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Gabapentin 300mg #180 is not medically necessary.

Norco 10/325mg #150: 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 recommends Norco for moderate to moderately severe pain. Opioids for chronic pain appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear, but also appears limited. If the patient does not respond to a time limited course of opioids it is suggested that an alternate therapy be considered. For the on-going management of opioids there should be documentation of pain relief, functional improvement, appropriate use and side effects. Norco 10/325mg #150 is not medically necessary.

Fentanyl patch 25mcg #10: 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: According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. There is no documentation of the above criteria for either of the narcotics that the patient has been taking. Fentanyl patch 25mcg #10 is not medically necessary.

2 urine drug screenings using quantitative drug analysis: 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): Drug testing.

Decision rationale: According to the Official Disability Guidelines, quantitative urine drug testing is not recommended for verifying compliance without evidence of necessity. This is due in part to pharmacokinetic and pharmacodynamic issues including variability in volumes of distribution (muscle density) and interindividual and intraindividual variability in drug metabolism. Any request for quantitative testing requires documentation that qualifies necessity.

In regard to this case, there is no documentation qualifying the necessity of quantitative analysis. 2 urine drug screenings using quantitative drug analysis are not medically necessary.