

Case Number:	CM15-0190178		
Date Assigned:	10/22/2015	Date of Injury:	04/12/2011
Decision Date:	12/28/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/28/2015

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 49 year old female injured worker suffered an industrial injury on 4-21-2011. The diagnoses included chronic mid back pain, thoracic discogenic disease, thoracic intermittent radiculitis, mechanical low back pain, lumbar discogenic disease, myofascial pain of the thoracic and lumbar spine. On 8-20-2015 the orthopedic provider reported mid and low back pain, muscle spasms of the cervical, back and shoulder region, chronic right shoulder pain and depression. She reported the pain was severe without medicine. She noted the Ultram helped her pain partially. She reported the Norco was taken for intermittent breakthrough pain that wasn't relieved by Ultram. She reported the Neurontin really helped her chronic nerve pain and had been taking it for 3 years. She reported the Zanaflex helped the chronic muscle spasms but also reported muscle relaxants including Flexeril had very little relief. The injured worker noted the mid back pain was constant over the thoracic region and radiated to the right side with occasional numbness and tingling over the left side with intermittent muscle spasms. The low back pain was occasional and mild with intermittent right leg numbness and tingling. She reported painful muscle spasms over the right cervical region and chronic right shoulder pain. The provider noted the injured worker had a complex chronic pain syndrome with significant psychological stress and comorbidity and would benefit from a high level of pain care at a University Center pain clinic. On exam the lumbar spine was tender with guarded limited range of motion. The thoracic spine was tender on the right side with spasms. The documentation provided did not include evidence of a comprehensive pain evaluation with pain levels with and without medications and no evidence of functional evaluation with and without treatment. Diagnostics

included urine drug screen 3-9-2015 was consistent and CURES report was consistent. There was a signed opiate agreement. The Utilization Review on 9-10-2015 determined modification for Pain clinic referral (LLUMC pain clinic or other equivalent center with the MPN) to a multidisciplinary pain management program, non-certification for Ultram 50mg #90, Neurontin 300mg #120 and Zanaflex 4mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain clinic referral (LLUMC pain clinic or other equivalent center with the MPN):

Overtured

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 04/27/2007, pg. 56.

Decision rationale: The California MTUS makes no recommendations regarding referral to a pain management specialist. Alternative guidelines have been referenced. The Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, state that referral to a pain specialist should be considered when the pain persists but the underlying tissue pathology is minimal or absent and correlation between the original injury and the severity of impairment is not clear. Consider consultation if suffering and pain behaviors are present and the patient continues to request medication, or when standard treatment measures have not been successful or are not indicated. The subjective description of the patient's pain is quite clear and falls within the above criteria for referral. I am reversing the previous UR decision. Pain clinic referral (LLUMC pain clinic or other equivalent center with the MPN) is medically necessary.

Ultram 50mg #90: 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 Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Ultram is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Despite the long-term use of Ultram, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Ultram 50mg #90 is not medically necessary.

Neurontin 300mg #120: 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 MTUS states that gabapentin is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic 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 documentation of functional improvement. The patient state specifically that Neurontin is very helpful with controlling her pain. I am reversing the previous UR decision. Neurontin 300mg #120 is medically necessary.

Zanaflex 4mg #60: Upheld

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: The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The patient has been taking the muscle relaxant for an extended period of time far longer than the short-term course recommended by the MTUS. Zanaflex 4mg #60 is not medically necessary.