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| Case Number: | CM15-0197892 | | |
| Date Assigned: | 10/12/2015 | Date of Injury: | 01/28/2009 |
| Decision Date: | 11/25/2015 | UR Denial Date: | 09/29/2015 |
| Priority: | Standard | Application Received: | 10/08/2015 |

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: New York

Certification(s)/Specialty: Anesthesiology

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 1-28-2009. The injured worker is undergoing treatment for: lumbar degenerative disc disease with radiculopathy and facet osteoarthritis. On 8-25-15, she reported low back and left leg pain. She rated her pain 10 out of 10 without medications and 6 out of 10 with medications. On 9-22-15, she reported pain to the low back, bilateral hips, buttocks and left lower extremity. She rated her pain 10 out of 10 without medications and 6 out of 10 with medications. She indicated she had fallen at home 2 times the last 2 months. She reported having had "significant pain relief and increased activities from epidurals". She indicated with her current medications keep her pain manageable and allow her to do her activities of daily living including walking and shopping. She reported no side effects. The treatment and diagnostic testing to date has included: epidurals (dates unclear), medications, magnetic resonance imaging of the lumbar spine (7-6-11), heat, ice, rest, gentle stretching, and exercise. Medications have included: thermacare xl back heat wraps, norco, Voltaren, gabapentin, and a diuretic prescribed by her primary care physician. The records indicate she has been utilizing Norco since at least October 2014 and Neurontin since at least February 2015, possibly longer. Current work status: not documented. The request for authorization is for: Norco 10-325mg quantity 120, Neurontin 300mg quantity 180, Voltaren gel 1 percent quantity 3, Thermacare wraps quantity 3 boxes. The UR dated 9-29-15: non-certified the requests for Norco 10-325mg quantity 120, Neurontin 300mg quantity 180, Voltaren gel 1 percent quantity 3, Thermacare wraps quantity 3 boxes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #120: Upheld

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

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

Decision rationale: According to the CA MTUS and ODG, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. In this case, there is documentation of improvement in pain levels, however, there is no documentation of objective functional benefit from the opioids used to date. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Neurontin 300 mg #180: 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): Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neurontin (Gabapentin).

Decision rationale: According to the CA MTUS (2009) and ODG, Neurontin (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. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. In this case, Gabapentin was requested, however, there was no rationale documented for the need for the quantity (#180) of this medication. There needs to be continued ongoing evidence of objective functional benefit with

the use of this medication. Medical necessity for Neurontin 300mg (#180) has not been established. The requested medication is not medically necessary.

Voltaren gel 1% #3: 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): Topical Analgesics.

Decision rationale: According to the California MTUS Guidelines, Voltaren Gel 1% (Diclofenac) is indicated for the relief of osteoarthritis in joints that lend themselves to topical treatment, such as the ankle, elbow, foot, hand, knee, and wrist. It has not been evaluated for treatment of the spine, hip, or shoulder. The maximum dose should not exceed 32 g per day. The submitted documentation does not indicate that the injured worker had a diagnosis of osteoarthritis. Additionally, the efficacy of the medication was not submitted for review, nor was it indicated that it helped with any functional deficits that the injured worker had. In addition, there was no dosage specified for the requested medication. Medical necessity for the requested topical gel has not been established. The requested 1% Voltaren Gel (#3) is not medically necessary.

Thermacare wraps #3 boxes: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine.

Decision rationale: Thermotherapy allows the patient to attain pain relief through the well-known gate-control theory of noxious signal inhibition, a concept now known as "thermal analgesia." When muscles and tissues are tight, circulation to the area is restricted, resulting in progressive ischemia and increasing pain. Properly applied heat allows muscular tissue to relax, facilitating increased circulation, and relieving pain by allowing metabolic toxins to be removed from the area and increasing tissue oxygenation. In this case, the patient is well beyond the acute phase of his injury (> 6 years) to support this treatment option. Medical necessity for the requested Thermacare wraps (#3 boxes) has not been established. The requested items are not medically necessary.