

Case Number:	CM15-0202044		
Date Assigned:	10/16/2015	Date of Injury:	12/24/2005
Decision Date:	11/25/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/14/2015

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: Physical Medicine & Rehabilitation

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 56 year old female who sustained an industrial injury on 12-24-05. Diagnoses are noted as status post remote debridement left wrist and rule out cervical radicular component-traumatic upper extremity compression neuropathy. Subjective complaints (8-27-15) include left wrist-hand pain (rated at 7 out of 10), cervical pain (rated at 6 out of 10) with upper extremity symptoms, and worsening condition. Objective findings (8-27-15) include concern in regards to gradual decline in neurologic status upper left extremity, spasm of intrinsic muscles of hand-forearm remain refractory in addition to cervical paraspinal spasm, decreased range of motion; activity and function, JAMAR-left 5-10-5, atrophy of intrinsic muscles-left hand, tenderness of cervical spine and paraspinal musculature, and diminished sensation left C6 and C7 dermatomal distributions. The treatment plan includes a baseline toxicology on follow up, and notes Tylenol #4 is for break through pain and severe pain. Previous treatment includes Gabapentin (since at least 5-5-15), Tizanidine (since at least (5-5-15), Cymbalta, and cervical epidural steroid injection. On 10-8-15, the requested treatment of Gabapentin 600mg #60, Tizanidine 4mg #60, and Tylenol #4 #60 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #60: 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: Although Neurontin (Gabapentin) 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; however, submitted reports have not adequately demonstrated the specific symptom relief or functional benefit from treatment already rendered for this chronic injury. Medical reports have not demonstrated specific change, progression of neurological deficits or neuropathic pain with functional improvement from treatment of this chronic injury in terms of increased ADLs and work status, decreased pharmacological dosing and medical utilization for this chronic 2005 injury. Previous treatment with Neurontin since at least May 2015 has not resulted in any functional benefit and medical necessity has not been established. The Gabapentin 600mg #60 is not medically necessary and appropriate.

Tizanidine 4mg #60: 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): Muscle relaxants (for pain).

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic 2005 injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains functionally unchanged. The Tizanidine 4mg #60 is not medically necessary and appropriate.

Tylenol #4 #60: 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, criteria for use, Opioids for chronic pain.

Decision rationale: Per MTUS Guidelines, Acetaminophen is a first-line recommended treatment for chronic pain and during acute exacerbations for osteoarthritis of the joints and

musculoskeletal pain; however, there is concern for hepatotoxicity with overdose causing acute liver failure. Long-term treatment of codeine is also not warranted without demonstrated functional improvement. Pain symptoms and clinical findings remain unchanged for this chronic injury. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or improved functional status. There is no evidence presented of recent random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic 2005 injury. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The Tylenol #4 #60 is not medically necessary and appropriate.