MAXIMUS Federal Services

Case Number:	CM15-0203443		
Date Assigned:	10/20/2015	Date of Injury:	06/28/2007
Decision Date:	12/29/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/15/2015

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: Tennessee, Florida, Ohio
Certification(s)/Specialty: Surgery, Surgical Critical Care

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 50 year old female, who sustained an industrial injury on 6-28-07. The injured worker was diagnosed as having calcific tendinitis of the left supraspinatus and infraspinatus, rotator cuff pathology, impingement, status post cervical spine injury, lumbar radiculopathy, and left wrist pain. Treatment to date has included placement of a spinal cord stimulator, physical therapy, injections, a home exercise program, and medication including Gabapentin 6%, Hydrocodone, Naproxen, Pantoprazole, and Cyclobenzaprine. The injured worker had been taking Hydrocodone, Naproxen, and Pantoprazole since at least January 2015, Cyclobenzaprine since at least May 2015, and Gabapentin 6% since at least September 2015. Physical examination findings on 9-17-15 included left shoulder tenderness and atrophy of the left deltoid musculature. Left shoulder swelling and lumbar spine tenderness was noted. A straight leg raise test was positive and sensation was diminished at the right L5 and S1 dermatomal distributions. Painful wrist and hand range of motion was also noted. On 8-27-15 pain was rated as 9 of 10 in the left shoulder, 6 of 10 in the low back and 5 of 10 in the left wrist. On 9-17-15, the injured worker complained of left shoulder pain rated as 9 of 10, low back pain rates as 7 of 10, and left wrist pain rated as 5 of 10. On 9-21-15 the treating physician requested authorization for Gabapentin 6% in cream base 300g, Hydrocodone 10-325mg #60, Naproxen 550mg #90, Pantoprazole 20mg #90, and Cyclobenzaprine 7.5mg #90. On 9-24-15 the requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 6% in base, #300 grams (prescribed 8/27/15): Upheld

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

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

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. MTUS Chronic Pain Guidelines note Gabapentin is an anti-epilepsy drug (AEDs -also referred to as anti-convulsants), 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. The Guidelines recommend gabapentin for patients with spinal cord injury as a trial for chronic neuropathic pain that is associated with this condition. The Guidelines also recommend a trial of Gabapentin for patients with fibromyalgia and patients with lumbar spinal stenosis. Within the provided documentation it did not appear the patient had a diagnosis of diabetic painful neuropathy or postherpetic neuralgia to demonstrate the patient's need for the medication at this time. Additionally, the requesting physician did not include adequate documentation of objective functional improvements with the medication or decreased pain from use of the medication in order to demonstrate the efficacy of the medication. Therefore, based on the submitted medical documentation, the request for Gabapentin is not medically necessary.

Hydrocodone 10/325mg #60 (prescribed 8/27/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Online Version, Opioids for Chronic Pain.

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

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if, (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. MTUS guidelines also recommends that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's pain (in terms of

percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. Therefore, based on the submitted medical documentation, the request for Hydrocodone 10/325 is not medically necessary.

Retro: Naproxen 550mg #90 (dispensed 8/27/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of treatment of this medication for this patient. The California MTUS guidelines address the topic of NSAID prescriptions by stating, "A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics." The MTUS guidelines do not recommend routine use of NSAIDS due to the potential for adverse side effects (GI bleeding, ulcers, renal failure, etc). The medical records do not support that the patient has a contraindication to other non-opioid analgesics. Therefore, medical necessity for Naproxen prescription has not been established. The request is not medically necessary.

Retro: Pantoprazole 20mg #90 (dispensed 8/27/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Online Version, Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of the requested prescription for this patient. The clinical records submitted do not support the fact that this patient has refractory GERD resistant to H2 blocker therapy or an active h. pylori infection. The California MTUS guidelines address the topic of proton pump prescription. In accordance with California MTUS guidelines, PPI's (Proton Pump Inhibitors) can be utilized if the patient is concomitantly on NSAIDS and if the patient has gastrointestinal risk factors. This patient is not on NSAIDS. Additionally, per the Federal Drug Administration's (FDA) prescribing guidelines for PPI use, chronic use of a proton pump inhibitor is not recommended due to the risk of developing atrophic gastritis. Short-term GERD symptoms may be controlled effectively with an H2 blocker unless a specific indication for a proton pump inhibitor exists. This patient's medical records do not support that he has GERD. Furthermore, the patient has no documentation of why chronic PPI therapy is necessary. He does not have GERD that is documented to be refractory to H2 blocker therapy and he has not records that

indicate an active h. pylori infection. Therefore, based on the submitted medical documentation, the request for Pantoprazole prescription is not medically necessary.

Retro: Cyclobenzaprine 7.5mg #90 (dispensed 8/27/15): 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: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. In accordance with the California MTUS guidelines, Cyclobenzaprine is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic back pain. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." This patient has been diagnosed with chronic back pain of the spine. Per MTUS, the use of a muscle relaxant is not indicated. Therefore, based on the submitted medical documentation, the request for Cyclobenzaprine is not-medically necessary.