

Case Number:	CM15-0205423		
Date Assigned:	10/22/2015	Date of Injury:	05/26/2009
Decision Date:	12/29/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/20/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 5-26-09. She reported pain in the neck, bilateral wrists, and bilateral shoulders. The injured worker was diagnosed as having thoracic or lumbosacral neuritis or radiculitis, cervicgia, pain in joint of the shoulder, and lumbago. Treatment to date has included left carpal tunnel release on 2-9-15, left shoulder rotator cuff repair and Mumford procedure in 2012, 16 sessions of hand therapy, physical therapy for the right hand and neck, bilateral carpal tunnel injections, a home exercise program, and medications including Naproxen, Norco, Neurontin, and Flexeril. Physical exam findings on 9-25-15 included cervical paravertebral spasm and tenderness bilaterally. Spurling's maneuver produced no pain. Numbness and tingling over the hands and median distribution with tapping over the median nerve was noted. On 4-14-15 pain was rated as 6 of 10 without medication and 3 of 10 with medication. On 9-25-15 pain was rated as 6 of 10. The injured worker had been taking Naprosyn, Neurontin, and Norco since at least April 2015 and Flexeril since at least September 2015. On 9-25-15, the injured worker complained of tingling in the right hand fingers, neck pain, and bilateral shoulder pain. The treating physician requested authorization for Neurontin 600mg #90 with 1 refill, Naprosyn 550mg #30 with 1 refill, Norco 10-325mg #30, and Flexeril #10. On 10-5-15 the requests were non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg QTY: 90.00 with 1 refill, 2-3 times daily: 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), Medications for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Anticonvulsant.

Decision rationale: The CA MTUS and the ODG guidelines recommend that anticonvulsants can be utilized for the treatment of severe musculoskeletal and neuropathic pain. The use of Neurontin is beneficial in neuropathic pain, chronic pain syndrome and psychosomatic symptoms associated with musculoskeletal pain. The records indicate that the patient reported compliance, efficacy and functional restoration with utilization of Neurontin. There are no adverse medication effect reported. The criteria for the use of Neurontin 600mg 2-3 times daily Qty 90 with 1 refills has been met. Therefore the request is medically necessary.

Naprosyn 500mg QTY: 30.00 with 1 refill, by mouth daily: Overturned

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): Medications for chronic pain, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development of cardiovascular, renal and gastrointestinal complications. The guidelines recommend that the use of NSAIDs be limited to the lowest possible dose for the shortest duration to decrease the incidence of NSAIDs complications. The records indicate that the patient reported efficacy and functional restoration with utilization of Naprosyn. There was no report of adverse medication effect. The criteria for the use of Naprosyn 500mg by mouth daily Qty 30 with 1 refill has been met. Therefore the request is medically necessary.

Norco 10/325mg QTY: 30.00: 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): Chronic pain programs, opioids, Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, long-term assessment, Opioids, screening for risk of addiction (tests), Opioids, specific drug list, Opioids, steps to avoid misuse/addiction, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain when standard treatments with NSAIDs, non opioid co-analgesics, exercise and PT have failed. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedative agents. The records did not show that the patient failed treatment with non opioid co-analgesic medications. There is no documentation of guidelines required compliance monitoring of serial UDS, CURES data reports and absence of aberrant behavior. The criteria for the utilization of Norco 10/325mg Qty 30 was not met. Therefore the request is not medically necessary.

Flexeril 10mg QTY: 10.00, 1/2-1 at bedtime as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Medications for chronic pain, Muscle relaxants (for pain), Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short term treatment of exacerbation of musculoskeletal pain when standard treatment with NSAIDs, non opioid co-analgesics, exercise and PT. The chronic use of muscle relaxants can be associated with the development of tolerance, sedation, addiction, dependency, and adverse interaction with other sedative agents. The records indicate the duration of utilization of Flexeril had exceeded the guidelines recommended maximum period of 4 to 6 weeks. The criteria for the use of Flexeril 10mg Qty 10, 1/2-1 at bedtime as needed was not met. Therefore the request is not medically necessary.