

Case Number:	CM15-0207338		
Date Assigned:	10/26/2015	Date of Injury:	10/26/1999
Decision Date:	12/31/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/21/2015

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, California
 Certification(s)/Specialty: Emergency 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 injured worker is a 56-year-old female, who sustained an industrial injury on 10-26-1999. The injured worker is currently disabled. Medical records indicated that the injured worker is undergoing treatment for cervical disc disorder with radiculopathy, post-laminectomy syndrome, lumbago with sciatica, sacroiliitis, and chronic pain syndrome. Treatment and diagnostics to date has included injections, use of medications, and inconsistent urine drug screen dated 06-10-2015. Recent medications have included Methadone, Zantac, Norco, Lunesta, Neurontin, and Lidoderm patch (all prescribed since at least 05-13-2015). Subjective data (05-13-2015 and 09-30-2015), included low back, bilateral knee, neck, and right shoulder pain rated 7-10 out of 10. Objective findings (09-30-2015) included "severe" pain to palpation over bilateral sacroiliac joints, limited spinal range of motion, and decreased sensation to light touch. The request for authorization dated 10-05-2015 requested Neurontin 600mg #90 take one tablet 3 times a day, Lidoderm 5% #60 apply one patch every 12 hours, Lunesta 2mg #30 take one tablet at bedtime, Methadone 10mg #100 one tablet every 6 hours, Zantac 150mg #60 take 1 tablet 2 times a day, and Norco 10-325mg #120 take 1 tablet every 6 hours. The Utilization Review with a decision date of 10-12-2015 non-certified the request for Neurontin 600mg #90 take one tablet 3 times a day, Lidoderm 5% #60 apply one patch every 12 hours, Lunesta 2mg #30 take one tablet at bedtime, Methadone 10mg #100 one tablet every 6 hours, Zantac 150mg #60 take 1 tablet 2 times a day, and Norco 10-325mg #120 take 1 tablet every 6 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg #90, take one tablet 3 times a day: Upheld

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: According to CA MTUS, gabapentin is an anti-epilepsy drug which has efficacy for diabetic neuropathy or post-herpetic neuropathy. It has also been considered a first line agent for neuropathic pain. There is not sufficient evidence to recommend the use of these medications for the treatment of chronic non-specific, non-neuropathic axial low back pain. Ongoing use of these medications recommends "documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects." The IW does not have diabetic neuropathy or post-herpetic conditions. The documentation reports improvement of pain with the use of medications, but specific responses to individual medications is not noted in the record. There is no documentation to support functional improvement with the use of this medication. Without this documentation, the request for gabapentin is not medically necessary in accordance with MTUS guidelines.

Lidoderm 5% #60, apply one patch every 12 hours: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

Decision rationale: CA MTUS is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy such as a tricyclic, serotonin-norepinephrine reuptake inhibitor, or gabapentin. This medication is "not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia." Ongoing use of this medication requires improvement in pain or function. The IW has been using this treatment for greater than 6 months with evidence of symptom improvement. Documentation reports increased pain and no decrease in use of other treatments. Furthermore, the request does not include to location of patch application. Based on lack of improvement with this medication, the request for lidoderm patches is not medically necessary.

Lunesta 2mg #30, take one tablet at bedtime: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Eszopiclone (Lunesta).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Mental Health - Eszopicolone.

Decision rationale: CA MTUS is silent on this topic. ODG guidelines do not recommend this medication for long term use. It is recommended these medications are limited "to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use." Additionally, "There is also concern that they may increase pain and depression over the long-term." As there is no documentation in the chart that discusses the IW's mental health or sleep disturbance, treatments employed to address mental health conditions, or effects of these treatments, it is unclear why this medication is being prescribed. It is also unclear how long the IW has been receiving this medication. Without an understanding of the IW's specific needs, the request for Lunesta is not medically necessary.

Methadone 10mg #100 take one tablet every 6 hours: Upheld

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

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

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above recommended documentation. The IW has been on this medication for a minimum of 6 months. The documentation does document functional improvement from the use of the medication. There is ongoing reliance on medications without change. There is no discussion of toxicology reports included. The request for methadone is determined not medically necessary.

Zantac 150mg #60, take 1 tablet 2 times a day: Upheld

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

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

Decision rationale: According to CA MTUS, gastrointestinal protectant agents are recommended for patients that are at increased risk for gastrointestinal events. These risks include age >65, history or gastrointestinal bleeding or peptic ulcers, concomitant use of NSAIDs and corticosteroids or aspirin, or high dose NSAID use. The chart does not document any of these risk factors. Past medical history does not include any gastrointestinal disorders, there is no history of poor tolerance to NSAIDs documented and there are not abdominal examinations noted in the chart. Zantac is not medically necessary based on the MTUS.

Norco 10/325mg #120, take 1 tablet every 6 hours: Upheld

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

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

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above recommended documentation. The IW has been on this medication for a minimum of 6 months. The documentation does document functional improvement from the use of the medication. There is ongoing reliance on medications without change. There is no discussion of toxicology reports included. The request for opiate analgesia is not medically necessary.