MAXIMUS Federal Services

Case Number:	CM15-0207882		
Date Assigned:	10/26/2015	Date of Injury:	09/10/2009
Decision Date:	12/08/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/22/2015

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, Oregon, Washington
Certification(s)/Specialty: Orthopedic Surgery

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 48 year old male, who sustained an industrial injury on September 10, 2009. He reported neck and shoulder soreness with severe muscle spasms in his back. The injured worker was currently diagnosed as having cervical radiculopathy, adhesive capsulitis of shoulder, upper limb complex regional pain syndrome and depression. Treatment to date has included diagnostic studies, injections, chiropractic treatment, surgery, and medication. On September 28, 2015, the injured worker complained of neck pain, left shoulder pain, pain over the left scapula and radiating pain into the left arm down to the fingertips of his left hand. He was noted to be status post transforaminal epidural steroid injections at C5-C6 and C6-C7 and reported an overall 70-75% decrease of left upper extremity pain and 35-40% decrease of neck pain. Post-injections, he noted continuation of severe left-sided neck pain radiating to the left upper extremity and left shoulder with soreness. He was noted to be tolerating his pain to "an extent" with the use of his medication regimen. The pain was rated as a 7 on a 0-10 pain scale with medication and as a 9 on the pain scale without medication. Physical examination of the cervical spine revealed tenderness to palpation at levels C4 to C7. Facet loading was noted to be positive. There was tightness, triggering and spasm noted. Cervical spine range of motion was flexion 20 degrees, extension 25 degrees, left rotation 35 degrees, right rotation 35 degrees, left lateral flexion 15 degrees and right lateral flexion 15 degrees. The treatment plan included Ativan, Lexapro, dispense Percura, dispense Sentra PM, dispense Cyclobenzaprine, medication rubs, Norco, and repeat left transforaminal epidural steroid injections at C5-C6 and C6-C7 to decrease left-sided neck pain and radiating pain to his left upper extremity. On October 13, 2015,

utilization review denied a request for Gabapentin 100% #180gm and Tramadol HCL 100% #180gm. A request for Norco 7.5-325mg (unspecified quantity) was modified to Norco 7.5-325mg #23. A request for left cervical transforaminal epidural steroid injections at C5-C6 and C6-C7 was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg (quantity unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, specific drug list.

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

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, opioid (criteria for use & specific drug list) indicates, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The 4 A's for Ongoing Monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. Opioids may be continued if the patient has returned to work and the patient has improved function/pain. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. The ODG Pain / Opioids for chronic pain states, "According to a major NIH systematic review, there is insufficient evidence to support the effectiveness of long-term opioid therapy for improving chronic pain, but emerging data support a dose-dependent risk for serious harms." Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance, return to work, or increase in activity from the exam note of 9/28/15. Therefore the request is not medically necessary.

Compounded medication: Gabapentin 100% #180gm: 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): Topical Analgesics.

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 states medication is largely experimental in use with few randomized controlled trials to determine efficacy or safety; Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." According to CA MTUS guidelines the use of topical gabapentin is not recommended. There is no peer-reviewed literature to support use. In this case the current request does not meet CA MTUS guidelines and therefore the request is not medically necessary.

Compounded medication: Tramadol HCL 100% #180gm: 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): Topical Analgesics.

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to CA MTUS guidelines there is no evidence for use of any other muscle relaxant as a topical product. In this case the current request does not meet CA MTUS guidelines and therefore the request is not medically necessary.