

Case Number:	CM15-0020458		
Date Assigned:	02/10/2015	Date of Injury:	12/19/2007
Decision Date:	04/01/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/03/2015

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 49 year old female, who sustained an industrial injury on 12/19/07. She has reported pain in the neck, low back and right upper extremity. The diagnoses have included cervical and lumbar radiculopathy and shoulder impingement. Treatment to date has included right shoulder surgery, MRI of the neck and low back, cervical epidural injections and oral medications. As of the PR2 dated 12/17/14, the injured worker reports 7/10 right sided headaches and neck pain that radiates to both arms. The treating physician requested Hydrocodone/APAP 10/325mg #60, Carisoprodol 350mg #60 x 2 refills, Aciphex DR 20mg #60 and Gabapentin 300mg #90. On 1/16/15 Utilization Review non-certified a request for Aciphex DR 20mg #60, Gabapentin 300mg #90 and Carisoprodol 350mg #60 x 2 refills and modified a request for Hydrocodone/APAP 10/325mg #60 to Hydrocodone/APAP 10/325mg #45. The utilization review physician cited the MTUS guidelines and medical necessity. On 2/3/15, the injured worker submitted an application for IMR for review of Hydrocodone/APAP 10/325mg #60, Carisoprodol 350mg #60 x 2 refills, Aciphex DR 20mg #60 and Gabapentin 300mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89, 90.

Decision rationale: The patient presents with right shoulder, low back, and cervical spine pain that radiates to both arms. The request is for HYDROCODONE /APAP 5/325 MG #60. The RFA provided is dated 12/01/14. Patient's diagnosis on 01/12/15 included cervical and lumbar radiculopathy and shoulder impingement. Patient is temporarily totally disabled. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." A prescription for Hydrocodone was first mentioned in the progress report dated 09/09/14 and the patient has been taking it since at least then. In this case, treater has not stated how Hydrocodone reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments that address analgesia. The 4A's are not specifically addressed including discussions regarding adverse reactions, aberrant drug behavior, ADL's, etc. There are no discussions in relation to the UDS's, opioid pain agreement, or CURES reports, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Carisoprodol 350mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents with right shoulder, low back, and cervical spine pain that radiates to both arms. The request is for CARISOPRODOL 350MG #60 WITH 2 REFILLS. The RFA provided is dated 12/01/14. Patient's diagnosis on 01/12/15 included cervical and lumbar radiculopathy and shoulder impingement. Patient is temporarily totally disabled. MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." In this case, a prescription for Carisoprodol is noted in progress report dated 09/09/14 and the patient has been taking the medication consistently at least since then. The treater, however, does not document an improvement in function or reduction in pain due to its use. Additionally, MTUS only recommends the use of this drug for 2 to 3 weeks. The request with 2 refills does not indicate intended short-term use. Therefore, the request IS NOT medically necessary.

Aciphex DR 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse: Establishing the Diagnosis of Gastroesophageal Reflux Disease (GERD), Am J Gastroenterol. 2013Mar; 108(3):308-328.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with right shoulder, low back, and cervical spine pain that radiates to both arms. The request is for ACIPHEx DR 20MG #60. The RFA provided is dated 12/01/14. Patient's diagnosis on 01/12/15 included cervical and lumbar radiculopathy and shoulder impingement. Patient is temporarily totally disabled. The MTUS guidelines allow for use of Aciphex for patients at risk for GI events, or for dyspepsia secondary to NSAID therapy. MTUS Chronic Pain Medical Treatment Guidelines Pg 68-69 under NSAIDs, GI symptoms & cardiovascular risk states: Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID prescription for Aciphex is noted in progress report dated 09/09/14 and the patient has been taking the medication consistently at least since then. Per the progress report dated 01/12/15, the patient continues to experience gastric symptoms such as nausea, diarrhea, and bloating. In this case, the treater does not document a rationale for the continued use of this medication despite the lack of efficacy. Continued use of medication without efficacy is not warranted by the guidelines. The request IS NOT medically necessary.

Gabapentin 300mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs), Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antiepileptic (a.k.a. anticonvulsants) drugs for pain Medications for chronic pain Page(s): 18-19, 60.

Decision rationale: The patient presents with right shoulder, low back, and cervical spine pain that radiates to both arms. The request is for GABAPENTIN 300MG #90. The RFA provided is dated 12/01/14. Patient's diagnosis on 01/12/15 included cervical and lumbar radiculopathy and shoulder impingement. Patient is temporarily totally disabled. Regarding antiepileptic (a.k.a. anticonvulsants) drugs for pain, MTUS Guidelines recommend for "treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain." Patient has been diagnosed with cervical and lumbar radiculopathy and shoulder impingement. The medical reports provided state that the patient does have neuropathic pain, as indicated by ODG Guidelines. In this case, a prescription for gabapentin is noted in progress report dated 09/09/14 and the patient has been taking the medication consistently at

least since then. MTUS page 60 requires the medication efficacy in terms of pain reduction and functional gains must be discussed when used for chronic pain. None of the reports show how gabapentin has impacted the patient's pain and function. Therefore, the requested gabapentin IS NOT medically necessary.