

Case Number:	CM15-0020563		
Date Assigned:	02/10/2015	Date of Injury:	10/04/2006
Decision Date:	04/01/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/04/2015

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 51 year old female who sustained an industrial injury on 10/04/2006. Current diagnoses include degeneration of cervical intervertebral disc, cervical spondylosis with myelopathy, displacement of cervical intervertebral disc without myelopathy, osteoarthritis of spinal facet joint, and cervicgia. Previous treatments included medication management, cervical fusion, heat/ice, rest, and gentle stretching and exercise. Report dated 01/22/2015 noted that the injured worker presented with complaints that included chronic pain in neck, shoulder, and arms with numbness tingling, tingling, and burning sensation in her bilateral arms and hands. Physical examination was positive for abnormal findings. Utilization review performed on 01/13/2015 non-certified a prescription for Ultram, Motrin, Gralise, and Oxycodone, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

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

Decision rationale: Per the 12/23/14 report the patient presents with neck pain secondary to DDD and facet osteoarthritis s/p cervical anterior fusion 05/16/14. The treater states the patient is depressed and notes a suicide attempt on an unknown date through the use of unspecified medication. The current request is for ULTRAM 50mg #120, Tramadol, an opioid. The RFA is not included. The utilization review of 01/13/15 modified this request from #120 to #60 for weaning. The patient is not working. 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. The patient has been prescribed this medication on a long term basis since at least 07/28/14. The 12/23/14 report states chronic pain medications reduce pain, increase activity and restore partial overall functioning. Medications are listed as: Oxycodone, Ultram, Soma, Motrin, Gralise and Cymbalta. The 07/28/14 report states pain is rated as 7/10 with medications and 10/10 without; however, pain is not routinely assessed through the use of pain scales or a validated instrument. The MTUS guidelines require much more thorough documentation of analgesia with before and after pain scales with opioid usage. The treater states the patient experiences a moderate to high level of interference with all aspects of her life including mood, concentration, sleep patterns and relationships. She is able to walk and requires assistance when shopping. However, this information does document specific ADL's that show a significant change with use of this medication. Opiate management issues are not fully documented. The treater does note side effects of mild GI upset; however, no UDS's are provided for review or discussed. There is no mention of CURES. In this case, analgesia, ADL's and opiate management have not been documented as required by the MTUS guidelines. The request IS NOT medically necessary.

Motrin 800mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: Per the 12/23/14 report the patient presents with neck pain secondary to DDD and facet osteoarthritis s/p cervical anterior fusion 05/16/14. The current request is for MOTRIN 800 mg #60. The RFA is not included. The patient is not working. MTUS Anti-inflammatory medications page 22 state, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The reports provided show the patient has been prescribed this medication since at least 07/28/14. The 12/23/14 report states chronic pain medications including Motrin reduce pain, increase activity and restore partial overall functioning. In this

case, this medication is indicated as a first line treatment for this patient's pain and the treater states it has benefited the patient. The request IS medically necessary.

Gralise 300mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Gabapentin (Neurontin) Page(s): 18-19.

Decision rationale: Per the 12/23/14 report the patient presents with neck pain secondary to DDD and facet osteoarthritis s/p cervical anterior fusion 05/16/14. The current request is for GRALISE 300 mg #90 GRALISE 300 mg #90, Gabapentin. The RFA is not included. The 01/13/15 utilization review modified this request from #90 to #45 for weaning. The patient is not working MTUS has the following regarding Gabapentin (MTUS pg. 18,19) Gabapentin (Neurontin, Gabarone, generic available) 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 reports provided for review show the patient has been prescribed Gabapentin/Neurontin since at least 07/28/14. The 12/23/14 report states the patient is instructed to decrease her Gabapentin while on a trial of this medication which has a more favorable delivery system. The goal is to reduce total Gabapentin. In this case, the treater does not discuss the intended use of this medication and makes only a general statement about chronic pain medications providing the patient benefit with no functional improvements noted. The request IS NOT medically necessary.

Oxycodone 10mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

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

Decision rationale: Per the 12/23/14 report the patient presents with neck pain secondary to DDD and facet osteoarthritis s/p cervical anterior fusion 05/16/14. The treater states the patient is depressed and notes a suicide attempt on an unknown date through the use of unspecified medication. The current request is for OXYCODONE 10 mg #120, an opioid. The RFA is not included. The 01/13/15 utilization review modified this request from #120 to # 60 for weaning. The patient is not working. 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. The patient has been prescribed an opioid, Tramadol, on a long term basis since at least 07/28/14. From the

reports provided for review, it appears this medication was started 12/23/14 and discontinued 01/22/15. The 12/23/14 report states chronic pain medications reduce pain, increase activity and restore partial overall functioning. Medications are listed as: Oxycodone, Ultram, Motrin, Galise and Cymbalta. The 07/28/14 report states pain is rated as 7/10 with medications and 10/10 without; however, pain is not routinely assessed through the use of pain scales or a validated instrument. The MTUS guidelines require much more thorough documentation of analgesia with before and after pain scales with opioid usage. The treater states the patient experiences a moderate to high level of interference with all aspects of her life including mood, concentration, sleep patterns and relationships. She is able to walk and requires assistance when shopping. However, this information does document specific ADL's that show a significant change with use of this medication. Opiate management issues are not fully documented. The treater does note side effects of mild GI upset; however, no UDS's are provided for review or discussed. There is no mention of CURES. In this case, analgesia, ADL's and opiate management have not been documented to support long-term opioid use. The request IS NOT medically necessary.