

Case Number:	CM15-0022324		
Date Assigned:	02/11/2015	Date of Injury:	01/13/2010
Decision Date:	03/31/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/05/2015

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: Florida, New York, Pennsylvania
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 36 year old female sustained an industrial injury on 1/13/10, with subsequent ongoing neck, back and left shoulder pain. In a PR-2 dated 1/9/15, the injured worker complained of pain in the neck, left shoulder and upper and middle back with radiation to the left upper extremity. The injured worker rated the pain 8/10 on the visual analog scale with medications and 10/10 without medications. The injured worker reported that recent acupuncture had been helpful. Physical exam was remarkable for tenderness to palpation cervical spine, thoracic spine and paraspinal muscles with minimal stiffness, decreased lordosis, no spasm, negative Spurling's, negative Adson's and painful, slightly restricted range of motion as well as left shoulder with tenderness to palpation anteriorly and posteriorly and painful range of motion upon abduction and flexion that was within normal limits. Impingement and sulcus signs were negative. Current diagnoses included myofascial sprain and strain of cervical spine and thoracic, degenerative disc disease of cervical spine and thoracic spine, left shoulder bursitis, cervical radiculopathy, anxiety and depression. The treatment plan included continuing home exercise program, hot packs and ice packs and refilling medications (Zohydro ER, Nortriptyline and Neurontin). On 1/22/15, Utilization Review noncertified a request for Nortriptyline 25mg #60, Neurontin 600mg #60 and Zohydro ER 100mg #60 citing CA MTUS Chronic Pain Medical Treatment Guidelines MTUS Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nortriptyline 25mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tricyclics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 Page(s): 13, 14.

Decision rationale: TCAs such as Nortriptylline are recommended for treatment of Neuropathic pain as first-line options, especially if pain is accompanied by insomnia, anxiety, or depression and possibly for non-neuropathic pain. As with any intervention the impact of the use of the medication should be predicated on its utility for improving functional outcome. The physical examination and statement that pain improves from 10/10 to 8/10 with no discussion of the significant elements necessary to ascertain the impact on functional improvement suggest that that Nortriptylline has not proved beneficial. Additionally the optimal duration of treatment is not known because most double-blind trials have been of short duration (6-12 weeks) and the long-term effectiveness of anti-depressants has not been established. Taken together the UR Non-Cert is supported.

Neurontin 600mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 Page(s): 13, 16, 17, 18.

Decision rationale: There is a lack of expert consensus on the treatment of neuropathic pain in general. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful neuropathy. Gabapentin has been found to exhibit positive effects on mood and quality of life and has been recommended for use with central pain, painful polyneuropathy, CRPS, Fibromyalgia and lumbar spinal stenosis but NOT myofascial pain. While radicular pain is intimated the provided details of the physical exam are not sufficient to indicate the presence of neuropathic pain. The member indicated that the pain moves from 10/10 to 8/10 with mediations but the physical exam is not compatible with this degree of discomfort. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. There are also no indicators of functional improvement that would support the continued use of this medication. Continued use of Gabapentin would not be justified based on a failure to show functional improvement. The UR Non-Cert is supported.

Zohydro ER 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2
Page(s): 79, 80, 81.

Decision rationale: Opioids, for long-term use, cannot be supported as there is a lack of evidence to allow for a treatment recommendation. A meta-analysis found that opioids were more effective than placebo for reducing pain intensity but the benefit for physical function was small and was considered questionable for clinical relevance. Opioids can be recommended on a trial basis for short-term use after there has been evidence of failure of first-line medication options such as acetaminophen or NSAIDs when there is evidence of moderate to severe pain. They would be used in conjunction with these medications rather than as a replacement as in this case. Continuation of the use of opioids would be best assessed on the basis of a return to work and evidence for improved functioning and reduced pain. Chronic opioid use is under study as there is a lack of evidence to allow for a treatment recommendation. Discontinuation should be considered with the following: (a) If there is no overall improvement in function, unless there are extenuating circumstances (b) Continuing pain with the evidence of intolerable adverse effects (c) Decrease in functioning (d) Resolution of pain (e) If serious non-adherence is occurring (f) The patient requests discontinuing. If used on a long-term basis, the criteria for use of opioids should be followed. This member was found to have had a stable condition with no documented evidence for reduction in pain or improvement in function related to the use of opioids. Additionally the provider had indicated persistent concerns for the possibility of dependence on the opioids. In the face of evidence for limited utility for improved function, recommendations for short term use and the ongoing risk for rebound pain and dependence, continued use of Zohydro ER cannot be supported. The UR Non-Certification is supported.