

Case Number:	CM15-0026460		
Date Assigned:	02/18/2015	Date of Injury:	12/11/2000
Decision Date:	04/17/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/11/2015

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: Pennsylvania
 Certification(s)/Specialty: Internal 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 male, who sustained an industrial injury on 12/11/2000. He has reported injuries secondary to a motor vehicle accident. Diagnoses include cervical spondylosis without myelopathy. Treatment to date has included medications, chiropractic treatment, heat/ice/rest, epidural steroid injections, cervical radiofrequency ablation of medial branches, occipital nerve block, status post cervical fusion times two, and removal of hardware. Use of Norco was documented in an Agreed Medical Examination (AME) from 2007. Progress notes from August through October 2014 note ongoing neck pain. It was noted that the injured worker stays active with self-care, house and yard chores, and that he was stable on current medication regimen and has been able to maintain function especially with activities of daily living. Medications included aleve, Elavil, MS contin, Neurontin, norco, and soma. Medication side effects were noted including dry mouth, constipation, and lack of concentration. In a progress note dated 01/12/2015 the treating provider reports sharp, shooting cervical spine pain that radiates to the bilateral shoulders, upper extremities, and occipital region. The pain is rated a seven out of ten. Examination showed the injured worker to be in no apparent distress with appropriate affect, with no abnormalities or exposed skin, no facial abnormalities, and no edema; neurologic exam showed the injured worker to be awake, alert and oriented. No additional examination was documented. The same medications were continued. No examination of the cervical spine or detailed neurological examination was present in the progress notes from August, September, and October 2014 and January of 2015. On 01/21/2015 Utilization Review (UR) modified requests for Neurontin 300mg with a quantity of 180 with 2 refills to Neurontin

300mg with a quantity of 180, and Elavil 25mg with a quantity of 180 with 2 refills to Elavil 25mg with a quantity of 72. UR non-certified requests for Norco 10/325mg with a quantity of 150, MS Contin 30mg with a quantity of 90, and Soma 350mg with a quantity of 90 with 2 refills. UR cited the California Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: Long-term users of Opioids (6-months or more).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): p. 74-96.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. The injured worker has been prescribed Norco for 6 months at least, and Norco was noted among medications prescribed in 2007, for chronic neck pain. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. Work status was not discussed. The injured worker was noted to be able to do some activities of daily living secondary to medication, but specific result of use of Norco was not documented. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. As currently prescribed, Norco does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

MS Contin 30mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: Long-Term users Opioids (6-months or more).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): p. 74-96.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. MS contin has been prescribed for at least 6 months for chronic neck pain. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies" and chronic back pain. Work status was not discussed. The treating physician noted that the injured worker was able to do some activities of daily living due with medications, but specific result of use of MS contin was not discussed. There is no evidence of significant pain relief or increased function from the opioids used to date. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. As currently prescribed, MS contin does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Soma 350mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma): treatment of Muscular spasm.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (soma) p. 29 muscle relaxants p. 63-66 Page(s): p. 29, 63-66.

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, Soma (carisoprodol), a sedating centrally acting skeletal muscle relaxant, is not recommended and not indicated for long-term use. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred for at least 6 months and the quantity prescribed implies long-term use, not a short period of use for acute pain. No reports show any specific and significant improvements in pain or function as a result of Soma. Per the MTUS, Soma is not recommended for chronic pain and has habituating and abuse potential. Due to length of use in excess of the guidelines, lack of guideline

recommendation of Soma for chronic pain, and lack of functional improvement, the request for Soma is not medically necessary.

Neurontin 300mg #180 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin): Treatment option for neuropathic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anticonvulsants Page(s): 16-22.

Decision rationale: Per the MTUS, antiepilepsy drugs (AEDs) are recommended for neuropathic pain due to nerve damage. Neurontin (Gabapentin) has been shown to be effective for treatment of diabetic neuropathy and postherpetic neuralgia and has been considered a first line treatment for neuropathic pain. There was no documentation of neuropathic pain for this injured worker. Gabapentin has been prescribed for at least 6 months without documentation of functional improvement. Work status was not discussed, there was no documentation of improvement in activities of daily living, medications were not reduced, and office visits continued at the same frequency. Due to lack of indication and lack of functional improvement, the request for neurontin is not medically necessary.

Elavil 25mg #180 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Elavil: treatment for Neuropathic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 14-16.

Decision rationale: The MTUS states that antidepressants are recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. 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. Elavil has been prescribed for at least 6 months for chronic neck pain without documentation of functional improvement. Work status was not discussed, there was no documentation of improvement in activities of daily living, medications were not reduced, and office visits continued at the same frequency. There was no discussion of sleep quality and duration, and no documentation of psychological assessment. Due to lack of functional improvement, the request for elavil is not medically necessary.