

Case Number:	CM15-0028967		
Date Assigned:	02/23/2015	Date of Injury:	04/26/2002
Decision Date:	04/22/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/17/2015

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, Hospice & Palliative 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 55 year old male who sustained an industrial injury on 04/21/2002. Diagnoses include degenerative disc disease of the cervical spine, and neck pain with tension headache. Treatment to date has included medications, and physical therapy. A physician progress note dated 01/15/2015 documents the injured worker complains of chronic neck pain that spreads into his middle and low back and is also associated with headaches. He has a decreased grip in his right hand. He has headaches at the occipital area to the top of his scalp. Medications are needed to help with his pain. Treatment requested is for Percocet 10/325mg #120, MS Contin 15mg #60, Gabapentin 300mg #120, and Ativan 1mg #50. On 01/20/2015 Utilization Review non-certified the request for Percocet 10/325mg #120 and cited was California Medical Treatment Utilization Schedule-Chronic Pain Treatment Guidelines, and Official Disability Guidelines. The request for MS Contin 15mg #60 was modified to MS Contin 15mg #20 for weaning, and cited was California Medical Treatment Utilization Schedule-Chronic Pain Treatment Guidelines. The request for Ativan 1 mg #50 was modified to Ativan 1mg #40 and cited was Official Disability Guidelines. The request for Gabapentin 300mg #120 was modified to Gabapentin 300mg #68, and cited was California Medical Treatment Utilization Schedule-Chronic Pain Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, 124.

Decision rationale: MS-Contin (morphine) is a long-acting medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation indicated the worker was experiencing back pain and headaches. The recorded pain assessments were minimal and contained few of the elements suggested by the Guidelines. There was no indication the worker had improved pain intensity or function with this specific medication or the degree of improvement, exploration of potential negative side effects, or individualized risk assessment. In the absence of such evidence, the current request for sixty tablets of MS-Contin (morphine-SR) 15mg is not medically necessary.

Ativan 1mg # 50: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Antispasticity, and Weaning Medications - Benzodiazepines Page(s): 24, 66, 124.

Decision rationale: Ativan (lorazepam) is a medication in the benzodiazepine class. The MTUS Guidelines emphasize that these medications are not recommended for long-term use. Benefit for more than several weeks has not been demonstrated in the literature, there is a risk of developing dependence, and side effects can be significant. Most guidelines limit the use of these medications to four weeks. The literature has shown that tolerance develops to the anti-anxiety effects within months, and there is evidence to suggest long-term use may even increase anxiety. Tolerance also develops rapidly to the side effect that can sometimes help by increasing sleep when this is an issue, requiring the dose to need to be raised steadily in order to maintain this benefit. These medications are not particularly helpful with muscle spasm and are not

recommended for its treatment. The submitted and reviewed documentation suggested the worker had already used this medication for several months with a limited description of benefit. These records did not record a recent assessment of side effects, indicate an improvement in function, or describe a decrease in the use of other pain management medications. In the absence of such evidence, the current request for 50 tablets of lorazepam 1 mg is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available. Therefore the request is not medically necessary.

Percocet 10/325mg # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, 124.

Decision rationale: Percocet (oxycodone with acetaminophen) is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation indicated the worker was experiencing back pain and headaches. The documented pain assessments were minimal and did not include many of the elements recommended by the Guidelines. There was no indication the worker had improved pain intensity or function with this specific medication or the degree of improvement, exploration of potential negative side effects, or individualized risk assessment. In the absence of such evidence, the current request for 120 tablets of Percocet (oxycodone with acetaminophen) 10/325mg is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available. Therefore the request is not medically necessary.

Gabapentin 300mg # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AED's.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 16-19.

Decision rationale: Gabapentin is a medication in the antiepilepsy drug class. The MTUS Guidelines recommend its use for the treatment of neuropathic pain for its efficacy and favorable side effect profile. Documentation should include the change in pain and function at each visit, especially during the dose adjustment phase. The submitted documentation indicated the worker was experiencing back pain and headaches. The recorded pain assessments were minimal and did not include many of the elements recommended by the Guidelines. There was no suggestion the worker was suffering from neuropathic pain or discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for 120 tablets of gabapentin 300mg is not medically necessary.