

Case Number:	CM15-0029941		
Date Assigned:	02/23/2015	Date of Injury:	07/30/2002
Decision Date:	04/09/2015	UR Denial Date:	02/04/2015
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: 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 66-year-old male who sustained an industrial injury on 7/30/02. He is currently experiencing back stiffness and achy, burning, stabbing, throbbing pain in the lumbar, upper and low back areas with radiation down the legs. The pain intensity is 6/10. Medications include Butrans, Prilosec, Vitamin D, Cymbalta, Zanaflex, melatonin, Naprosyn, diclofenac 3%-baclofen 2%-cyclobenzaprine 2%-gabapentin 6%-tetracaine 2%, Neurontin, and Norco. Urine drug screens have been normal. Diagnoses include status post facet neurotomy X4; status post fusion L5-S1; facet compromise, lumbosacral spine; obesity; chronic low back pain; secondary myofascial pain L1-2, left side. Treatments to date include interferential machine, neurolysis medial branch nerve, bilateral L4 (9/3/14), medications. In the progress note dated 1/16/15 the treating provider indicated substantial benefit from medications and requested refills. On 2/4/15 Utilization Review non-certified the requests for Norco 10/325 mg every 3 hours # 240; gabapentin 800 mg 2 every 8 hours # 900; Cymbalta 30 mg 3 at bedtime # 450; Butrans Patch 20 mcg/ hr. 1 patch every 7 days # 20 citing MTUS: Opioids; MTUS: Pain-gabapentin; MTUS: Pain-Cymbalta; ODG respectively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg every 3 hours Qty: 240.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with back and low back pain radiating to lower extremities rated at 6/10. The request is for NORCO 10/325MG EVERY 3 HOURS QTY: 240.00. The request for authorization was not provided. Patient is status-post facet neurotomy times four with the most recent one 04/23/14 with bilateral radiofrequency neurotomy at L3, L2 and L1 and on bilateral L4 on 09/03/14. Patient is status-post fusion L5-S1 in 2004. He will continue with home exercise program, and return to gym activity with aquatic therapy. The patient has been continuing to note substantial benefit of the medications, and he has nociceptive, neuropathic an inflammatory pain. Patient's medications include Cymbalta, Glucophage, Lisinopril, Lovastatin, Meltonin, Naprosyn, Neurontin, Prilosec, Vitamin D and Zanaflex. The patient is permanent and stationary. 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, maximum dose for Hydrocodone, 60mg/day. Treater has not provided reason for the request. The patient has been prescribed Norco since at least 07/14/14. MTUS requires appropriate discussion of the 4A's, analgesia has been discussed, specifically showing significant pain reduction of about 60% improvement with use of Norco. And there is documentation and discussion regarding adverse effects and aberrant drug behavior. However, treater has not discussed how Norco significantly improves patient's activities of daily living with specific examples of ADL's. No validated instrument has been used to show functional improvement. Furthermore, UDS dated 01/28/14 with consistent results was discussed by treater, but no CURES or opioid pain contract. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.

Gabapentin 800 mg 2 tabs every 8 hours Qty 900.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with back and low back pain radiating to lower extremities rated at 6/10. The request is for GABAPENTIN 800MG 2 TABS EVERY 8 HOURS QTY: 900.00. The request for authorization was not provided. Patient is status-post facet neurotomy times four with the most recent one 04/23/14 with bilateral radiofrequency neurotomy at L3, L2 and L1 and on bilateral L4 on 09/03/14 Patient is status-post fusion L5-S1 in 2004. He will continue with home exercise program, and return to gym activity with aquatic therapy. The

patient has been continuing to note substantial benefit of the medications, and he has nociceptive, neuropathic an inflammatory pain. Patient's medications include Cymbalta, Glucophage, Lisinopril, Lovastatin, Meltonin, Naprosyn, Neurontin, Prilosec, Vitamin D and Zanaflex. The patient is permanent and stationary.MTUS has the following regarding Gabapentin on 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." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater has not provided reason for the request. The patient has been prescribed Gabapentin since at least 07/14/14. The patient presents with radicular symptoms for which Gabapentin is indicated, and treater has documented decrease in pain with numerical scales. Per progress report dated 01/16/15, treater states patient has "about 60% improvements in pain...and is able to swim. Given patient's radicular symptoms and diagnosis, the request appears reasonable. However, the request is for 1600mg three times daily for 4800mg/day. Per MTUS, even for post-herpetic neuralgia, dosage range is from 900mg to 3600mg per day in divided doses and "doses above 1800mg/day have not demonstrated an additional benefit in clinical studies." The request dose of 4800mg/day and #900 appear quite excessive. Therefore, the request IS NOT medically necessary.

Cymbalta 30 mg 3 at bedtime Qty: 450.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-17.

Decision rationale: The patient presents with back and low back pain radiating to lower extremities rated at 6/10. The request is for CYMBALTA 30MG 3 AT BEDTIME QTY: 450.00. The request for authorization was not provided. Patient is status-post facet neurotomy times four with the most recent one 04/23/14 with bilateral radiofrequency neurotomy at L3, L2 and L1 and on bilateral L4 on 09/03/14 Patient is status-post fusion L5-S1 in 2004. He will continue with home exercise program, and return to gym activity with aquatic therapy. The patient has been continuing to note substantial benefit of the medications, and he has nociceptive, neuropathic an inflammatory pain. Patient's medications include Cymbalta, Glucophage, Lisinopril, Lovastatin, Meltonin, Naprosyn, Neurontin, Prilosec, Vitamin D and Zanaflex. The patient is permanent and stationary.For Cymbalta, the MTUS guidelines page16-17 states, "Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. Trial period: Some relief may occur in first two weeks; full benefit may not occur until six weeks."Treater has not provided reason for the request. The patient has been prescribed Cymbalta since at least 07/14/14. The patient presents with radicular symptoms and neuropathic pain. In this case, adequate documentation has been provided including numeric scales and functional measures that show significant improvement. However, the requested quantity is for #450, some 5 months supply. MTUS require periodic

monitoring of the patient's progress. The treater does not explain why such an excessive number of pills are needed. Therefore, request IS NOT medically necessary.

Butrans Patches 20 mcg/hr 1 patch every 7 days Qty: 20.00: Upheld

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

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

Decision rationale: The patient presents with back and low back pain radiating to lower extremities rated at 6/10. The request is for BUTRANS PATCHES 20MCG/HR 1 PATCH EVERY 7 DAYS QTY: 20.00. The request for authorization was not provided. Patient is status-post facet neurotomy times four with the most recent one 04/23/14 with bilateral radiofrequency neurotomy at L3, L2 and L1 and on bilateral L4 on 09/03/14 Patient is status-post fusion L5-S1 in 2004. He will continue with home exercise program, and return to gym activity with aquatic therapy. The patient has been continuing to note substantial benefit of the medications, and he has nociceptive, neuropathic and inflammatory pain. Patient's medications include Cymbalta, Glucophage, Lisinopril, Lovastatin, Meltonin, Naprosyn, Neurontin, Prilosec, Vitamin D and Zanaflex. The patient is permanent and stationary. 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 4A's (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. Treater has not provided reason for the request. The patient has been prescribed the Butrans patch since at least 07/14/14. MTUS requires appropriate discussion of the 4A's, analgesia has been discussed, specifically showing significant pain reduction of about 60% improvement with use of the Butrans patch. And there is documentation and discussion regarding adverse effects and aberrant drug behavior. However, treater has not discussed how the Butrans patch significantly improves patient's activities of daily living with specific examples of ADL's. No validated instrument has been used to show functional improvement. Furthermore, UDS dated 01/28/14 with consistent results was discussed by treater, but no CURES or opioid pain contract. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.