

Case Number:	CM15-0215606		
Date Assigned:	11/05/2015	Date of Injury:	08/13/2001
Decision Date:	12/18/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	11/02/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 63-year-old female, with a reported date of injury of 08-13-2001. The diagnoses include cervical postlaminectomy syndrome, cervical radiculopathy, and other uncomplicated psychoactive substance dependence. The medical report dated 10-05-2015 indicates that the injured worker had neck and bilateral upper extremity pain. The treating physician stated that she continued to do well with the use of Gralise, Naproxen, Lansoprazole, Tramadol, Amitiza, and Percocet. It was noted that the unbranded Percocet was much less effective and she required an increased dose. It was also noted that the injured worker was interested in pursuing a spinal cord stimulator. The physical examination showed a normal gait; full strength in the upper extremities; very limited range of motion of the cervical spine with left rotation to 10 degrees and right rotation to 10 degrees with reproduction of the right upper extremity pain consistent with a positive Spurling's maneuver; and moderate depression. There was documentation that the injured worker currently had severe left C3-4 foraminal narrowing, moderate bilateral foraminal narrowing C7-T1 and moderate to severe bilateral foraminal narrowing T1-T2, and focal cord myelomalacia C5-6. The injured worker's work status was not indicated. The medical report dated 08-24-2015 indicates that the injured worker continued to have significant relief with the use of her medications and was able to perform her activities of daily living. The diagnostic studies to date have included a urine drug screen on 01-28-2015 which was positive for opiate, oxycodone, Noroxycodone, Oxymorphone, Tramadol, and Gabapentin; and an MRI of the cervical spine on 08-02-2013 which showed severe left facet arthropathy, slight annular bulge, moderate left foraminal narrowing at C3-4, uncovertebral

osteophytes, moderate lateral facet arthropathy, mild thecal sac narrowing, moderate left and mild to moderate right foraminal narrowing at C7-T1, annular bulge with mild thecal sac and moderate bilateral foraminal narrowing increasing at T1-T2, and anterior fusion from C4-C7. Treatments and evaluation to date have included Gralise (since at least 12-2014), Naproxen, lansoprazole, Tramadol, Amitiza, Percocet (since at least 12-2014), anterior cervical discectomy and fusion in 2004, bilateral cervical neuroforaminotomy, laminectomy, and fusion, home exercise program, and acupuncture treatment. The request for authorization was dated 10-05-2015. The treating physician requested Percocet 10-325mg #180 and Gralise 600mg #60. On 10-09-2015, Utilization Review (UR) non-certified the request for Percocet 10-325mg #180 and Gralise 600mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #180 for 30 days: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury in August 2001 and is being treated for chronic neck pain. She underwent a cervical spine fusion in 2004 and again in 2011 with surgery complicated by an infection requiring incision and drainage and treatment for septic shock. Medications are referenced as decreasing pain by more than 50% and allowing for activities of daily living including cooking and cleaning. She has reported intolerance of Neurontin and finds branded Percocet more effective than generic medication. Urine drug screening in April 2015 was consistent with her prescribed medications. When seen, she had very limited cervical range of motion and range of motion testing produced right upper extremity pain consistent with a positive Spurling's maneuver. Percocet and Gralise were refilled. The Gralise dose was 1200 mg per day and the total MED (morphine equivalent dose) was 90 mg per day. A spinal cord stimulator was requested. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Percocet (oxycodone/acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain and improved activities of daily living and activity tolerance. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing is medically necessary.

Gralise 600mg #60 for 30 days: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Work Loss Data Institute (20th annual edition), 2015; Pain (chronic) Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The claimant has a remote history of a work injury in August 2001 and is being treated for chronic neck pain. She underwent a cervical spine fusion in 2004 and again in 2011 with surgery complicated by an infection requiring incision and drainage and treatment for septic shock. Medications are referenced as decreasing pain by more than 50% and allowing for activities of daily living including cooking and cleaning. She has reported intolerance of Neurontin and finds branded Percocet more effective than generic medication. Urine drug screening in April 2015 was consistent with her prescribed medications. When seen, she had very limited cervical range of motion and range of motion testing produced right upper extremity pain consistent with a positive Spurling's maneuver. Percocet and Gralise were refilled. The Gralise dose was 1200 mg per day and the total MED (morphine equivalent dose) was 90 mg per day. A spinal cord stimulator was requested. Oral gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Gralise (sustained release gabapentin) has a favorable side-effect profile, few clinically significant drug-drug interactions and is generally well tolerated. An adequate trial with gabapentin would include three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. In this case, the amount being prescribed is consistent with guideline recommendations. The claimant has reported intolerance of standard release gabapentin. Continued prescribing of Gralise is medically necessary.