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| Case Number: | CM15-0221212 | | |
| Date Assigned: | 11/16/2015 | Date of Injury: | 11/16/1978 |
| Decision Date: | 12/29/2015 | UR Denial Date: | 11/02/2015 |
| Priority: | Standard | Application Received: | 11/10/2015 |

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: Preventive Medicine, Occupational 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 73 year old male, who sustained an industrial injury on 11-16-1978. Diagnoses include chronic pain syndrome, degenerative disc disease, spinal stenosis, lumbar facet joint pain, bursitis of hip, amputation above the right knee, shoulder pain, and myalgia and myositis. Treatments to date include medication management, cortisone injections, and epidural steroid injections. On 10-15-15, he complained of ongoing chronic pain in bilateral shoulders, neck and low back. Pain was rated 3 out of 10 VAS with medication, and 10 out of 10 VAS without. The records noted the new electronic wheelchair reclines and tilts and "is easier on the back." Current medications listed included Gabapentin and Percocet one tablet three times daily as needed; both prescribed since at least July 2015. The record indicated the inability to obtain "the correct number of Percocet" and pain "is intolerable." The physical examination documented burning phantom pain in the right leg and along the left leg from hip to heel, as well as, along the left shoulder and forearm. There was decreased lumbar range of motion and positive straight leg raise tests. The left shoulder demonstrated decreased range of motion. The plan of care included ongoing medication management. The appeal requested authorization for Percocet 10-325mg #90 and Neurontin 300mg one twice daily #60 with three refills. The Utilization Review dated 11-2-15, modified the request to allow Percocet 10-325mg #60 and Neurontin 300mg #60 (no refill).

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg, #90 (3x a day): Upheld

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 for chronic pain, Weaning of Medications.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, there is conflicting information concerning the efficacy of Percocet. The injured worker complains of intolerable pain but then rates it as a 3 out of 10. Additionally, there is a lack of objective evidence of functional improvement with the use of Percocet. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Percocet 10/325mg, #90 (3x a day) is determined to not be medically necessary.

Neurontin 300mg, #60 with 3 refills: Upheld

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

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

Decision rationale: The MTUS Guidelines recommend the use of antiepilepsy drugs for neuropathic pain. Most randomized controlled trials for the use of antiepilepsy drugs for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy, with polyneuropathy being the most common example. There are few RCTs directed at central pain, and none for painful radiculopathy. A good response to the use of antiepilepsy drugs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response to this magnitude may be the trigger for switching to a different first line agent, or combination therapy if treatment with a single drug fails. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of antiepilepsy drugs depends on improved outcomes versus tolerability of adverse effects. Gabapentin 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. The clinical documentation does show that the injured worker has neuropathic symptoms. There is a lack of objective evidence of functional improvement with the prior use of this medication. The request for Neurontin 300mg, #60 with 3 refills is determined to not be medically necessary.