

Case Number:	CM15-0034157		
Date Assigned:	03/02/2015	Date of Injury:	10/12/2007
Decision Date:	04/08/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/24/2015

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, Indiana, New York
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 29 year old male, who sustained an industrial injury on 10/12/2007. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include right shoulder recurrent dislocation and instability, scapholunate disassociation, patellofemoral pain syndrome to the right knee, radial styloid fracture and carpal tunnel syndrome, right rib fracture, sternoclavicular trauma, and cervical spine arthrosis. Treatment to date has included medication regimen, laboratory studies, and magnetic resonance imaging of the cervical spine. In a progress note dated 01/29/2015 the treating provider reports complaints of right shoulder pain described as aching, burning, deep, sharp, shooting, throbbing, and stabbing that radiates down the right arm. The pain is rated a six on a scale of one to ten. The treating physician requested the medications of Norco and Gralise noting that the injured worker's medication regimen benefits the injured worker with nociceptive, neuropathic, and inflammatory pain and he is on the lowest effective doses of these medications with approximately 60% improvement in pain. The treating physician requested bio-psychological/comprehensive multidisciplinary assessment, but the documentation provided did not indicate the specific reason for this requested treatment. On 02/12/2015 Utilization Review non-certified the requested treatments of bio-psychological/comprehensive multidisciplinary assessment, Norco 10/325mg one orally every four hours with a quantity of 180 prescribed on 01/29/2015, and Gralise starter pack tablet as directed (prescribed 01/29/2015), noting the California Medical Treatment Utilization Schedule: Chronic Pain Medical Treatment Guidelines;

American College of Occupational and Environmental Medicine Guidelines, page 115, pages 47 to 48; and Official Disability Guidelines Pain Chapter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biopsychosocial/Comprehensive Multidisciplinary Assessment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration guidelines Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Functional restoration programs.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, bio-psychosocial comprehensive multidisciplinary assessment is not medically necessary. A functional restoration program (FRP) is recommended when there is access to programs with proven successful outcomes (decreased pain and medication use, improve function and return to work, decreased utilization of the healthcare system. The criteria for general use of multidisciplinary pain management programs include, but are not limited to, the injured worker has a chronic pain syndrome; there is evidence of continued use of prescription pain medications; previous methods of treating chronic pain have been unsuccessful; and adequate thorough multidisciplinary evaluation has been made; once an evaluation is completed a treatment plan should be presented with specifics for treatment of identified problems and outcomes that will be followed; there should be documentation the patient has motivation to change is willing to change the medication regimen; this should be some documentation the patient is aware that successful treatment may change compensation and/or other secondary gains; if a program is planned for a patient that has been continuously disabled from work more than 24 months, the outcomes for necessity of use should be clearly identified as there is conflicting evidence that chronic pain programs provide return to work beyond this period; total treatment should not exceed four weeks (24 days or 160 hours) or the equivalent in part based sessions. If treatment duration and accessible for weeks is required, a clear rationale for the specified extension and reasonable goals to be achieved should be provided. Treatment is not suggested for longer than two weeks without evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains. It is not suggested that a continuous course of treatment be interrupted at two weeks solely to document these gains, if there are preliminary indications that they are being made on a concurrent basis. Integrative summary reports that include treatment goals, compliance, progress assessment with objective measures and stage of treatment must be made available upon request at least on a biweekly basis during the course of the treatment program. In this case, the injured worker's working diagnoses are right shoulder recovered his location and instability; scapholunate disassociation; patellofemoral pain syndrome; likely facet capsule of tears of the cervical and lumbar spine; radial styloid fracture; carpal tunnel syndrome; fracture; sternal clavicular trauma; RSD right upper extremity; and right knee intra-articular injury. The injured worker's date of injury was

October 12, 2007. The injured worker has been disabled for approximately 7 years. The criteria for the general use of multidisciplinary pain management programs states if a program is planned for a patient that has been continuously disabled from work for more than 24 months, the outcomes for necessity of use should be clearly identified because there is conflicting evidence that chronic pain programs provide return to work beyond this period. The outcomes for necessity of use were not clearly identified in the record. The records do not establish that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. There is a request in 2007 for physical therapy, however, there is no documentation of completion of a course of physical therapy. The injured worker was treated with medications Gabapentin and Norco, however, there is no additional treatment noted such as acupuncture, chiropractic treatment. Consequently, absent compelling clinical documentation with modalities other than medications in the continuous disability period in excess of seven years (from the date of injury), bio-psychosocial comprehensive multidisciplinary assessment is not medically necessary.

Norco 10/325, 1 orally every 4 hours, #180 (prescribed 1/29/2015): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg one every four hours #180 date of service January 29, 2015 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are right shoulder recovered his location and instability; scapholunate disassociation; patellofemoral pain syndrome; likely facet capsule of tears of the cervical and lumbar spine; radial styloid fracture; carpal tunnel syndrome; fracture; sternal clavicular trauma; RSD right upper extremity; and right knee intra-articular injury. The injured worker's date of injury was October 12, 2007. The documentation shows some Norco was started on or about January 30, 2013. The injured worker has had multiple inconsistent urine drug toxicology screens. The documentation does not contain detailed pain assessments and an overall risk assessment. There is an entry in the medical record regarding the injured worker using alcohol in conjunction with opiates. There is no evidence of objective functional improvement in the record with long-term Norco use. Consequently, absent compelling clinical documentation of the objective functional improvement associated with long-term Norco 10/325 mg, Norco 10/325 mg one every four hours #180 date of service January 29, 2015 is not medically necessary

Gralise starter pack tablet, as directed (prescribed 1/29/2015): 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), Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Gabapentin, Gralise.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Gralise starter pack as directed date of service January 29, 2015 is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions in fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug (AED). Gabapentin is considered a first-line treatment for neuropathic pain. In this case, the injured worker's working diagnoses are right shoulder recovered his location and instability; scapholunate disassociation; patellofemoral pain syndrome; likely facet capsule of tears of the cervical and lumbar spine; radial styloid fracture; carpal tunnel syndrome; fracture; sternal clavicular trauma; RSD right upper extremity; and right knee intra-articular injury. The injured worker's date of injury was October 12, 2007. The documentation indicates gabapentin was started on or about January 30, 2013. Subjectively, the injured worker received 60% pain relief with gabapentin. Gralise is not recommended. There is no evidence to support the use of Gralise for neuropathic pain conditions without trial of generic gabapentin (regular release). The treating physician prescribed gabapentin regular release. However, there were no problems or adverse effects associated with gabapentin regular release. There was no clinical indication or rationale in the medical record for Gralise. Consequently, absent compelling clinical documentation with adverse effects and a clinical indication or rationale for Gralise, Gralise starter pack as directed, date of service January 29, 2015 is not medically necessary.