

Case Number:	CM15-0034801		
Date Assigned:	03/03/2015	Date of Injury:	06/24/2010
Decision Date:	04/14/2015	UR Denial Date:	01/26/2015
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: New York

Certification(s)/Specialty: Anesthesiology

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 48-year-old female, who sustained an industrial injury on June 24, 2010. She has reported bilateral hand and wrist pain, neck pain, lower back pain, and right elbow pain. The diagnoses have included lumbosacral radiculopathy, shoulder tendonitis/bursitis, wrist tendonitis/bursitis, elbow tendonitis/bursitis, and carpal tunnel syndrome. Treatment to date has included medications and carpal tunnel release. A progress note dated December 29, 2014 indicates a chief complaint of improved symptoms, numbness of the tip of the middle right finger, locking and popping of the thumb and middle finger of the left hand, chronic neck and lower back pain, and right elbow pain. Physical examination showed decreased grip strength of the right hand, tenderness of the first and third digits of the left hand, and spasm and tenderness of the cervical and lumbar spine. The treating physician requested prescriptions for Neurontin, Prilosec, Relafen and Ultram. On January 26, 2015, Utilization Review partially certified the request for a prescription for Ultram with an adjustment in quantity and denied the request for prescriptions for Neurontin, Prilosec and Relafen. The California Medical Treatment Utilization Schedule and California Chronic Pain Medical treatment Guidelines were cited in the decisions. On February 24, 2015, the injured worker submitted an application for IMR of a request for prescriptions for Neurontin, Prilosec, Relafen and Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg quantity 540: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Recommended Trial period Page(s): 19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs (AEDs), Gabapentin (Neurontin) Page(s): 17-19, 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Anti-epilepsy Drugs (AEDs).

Decision rationale: According to the CA MTUS (2009) and ODG, Gabapentin (Neurontin) is an anti-epilepsy drug (AED), which 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. This medication appears to be effective in reducing abnormal hypersensitivity (allodynia and hyperalgesia), to have anti-anxiety effects, and may be beneficial as a sleep aid. There is limited evidence to show that this medication is effective for postoperative pain. In this case, there is no documentation of the medication's pain relief effectiveness, or functional benefit. Medical necessity of the requested medication has not been established. The requested item is not medically necessary.

Prilosec 20mg quantity 360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long Term Proton Pump Inhibitors use Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPIs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPIs.

Decision rationale: According to the California MTUS (2009), Omeprazole (Prilosec), is proton pump inhibitor (PPI) that is recommended for patients taking NSAIDs, with documented GI distress symptoms, or at risk for gastrointestinal events. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants, or high dose/multiple NSAIDs. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. In this case, there is no documentation indicating that this patient had any GI symptoms or risk factors. In addition, the request for Relafen was found to be not medically necessary, which would mean that Omeprazole would not appear to be medically necessary for this patient. Medical necessity for Omeprazole has not been established. The requested medication is not medically necessary.

Relafen 750mg quantity 360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines General Recommendations for Non steroidal anti inflammatory drug usage Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs.

Decision rationale: Relafen is a non-specific non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. ODG states that NSAIDs are recommended for acute pain, osteoarthritis, acute low back pain (LBP) and acute exacerbations of chronic pain, short-term pain relief in chronic LBP, and short-term improvement of function in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. Guidelines recommended that the lowest effective dose be used for the shortest duration of time consistent with treatment goals. In this case, the patient had prior use of on NSAIDs without any documentation of significant improvement. There was no documentation of subjective or objective benefit from use of this medication. Medical necessity of the requested medication has not been established. The request for Relafen is not medically necessary.

Ultram extended release 150mg quantity 360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue opioids; Outcomes measures; Opioids for neuropathic pain; long term use; Opioids:dosing, Weaning of medications Page(s): 80,81,82,83, 86, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the California MTUS, Tramadol (Ultram) is a synthetic opioid, which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Per CA MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. According to the medical records, there has been no documentation of the medication's analgesic effectiveness, functional improvement, and no clear documentation that the patient has responded to ongoing opioid therapy. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic requires a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.