

Case Number:	CM15-0049761		
Date Assigned:	03/23/2015	Date of Injury:	03/31/2006
Decision Date:	05/06/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/16/2015

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 54 year old male sustained a work related injury on 03/31/2006. Diagnoses included cervical pain, chronic right C6-C7 radiculopathies, thoracic pain, postoperative T5-6 level reconstruction with anterior and posterior decompression/fusion, lower back pain, chronic left sciatica L5-S1 distribution weakness, chronic right knee pain, bilateral carpal tunnel syndrome, left ulnar neuropathy, deep venous thrombosis (non-industrial), large renal cyst/renal stones (non-industrial) and bilateral lower extremity cellulitis (non-industrial). As of a progress report dated 02/13/2015, the injured worker was seen in follow up for neck pain/left ankle pain and low back pain with constant stiff pressure pain going down to the shoulder blade and bilateral trapezius and bilateral arm associated with numbness and tingling on the left arm/thumb. The injured worker reported neck pain was severely impacted on sleep. He was awakened frequently with an average of 5 hours. He also had difficulty in walking. Norco and Lyrica was noted to reduce neck pain from 7-9 on a scale of 1-10 down to 5, decreased in tingling/numbness/tearing sensation on the back. Gabapentin helped with falling asleep faster and stayed asleep longer. He was able to sleep with meds. Without Gabapentin he slept 1-2 hours at times. He reported without Hydrocodone his function declined. Treatment plan included Hydrocodone, Gabapentin, Lyrica, 8 sessions of acupuncture, cervical pillow and heating pad.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Hydrocodone 10/325mg #68: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Hydrocodone is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Hydrocodone. Hydrocodone was used for longtime without documentation of functional improvement or evidence of improvement of activity of daily living. Therefore, the prescription of One prescription of Hydrocodone 10/325mg #68 is not medically necessary.

One prescription of Gabapentin 600mg #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

Decision rationale: According to MTUS, Neurontin has been shown to be effective for the treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered to be first line treatment for neuropathic pain. Continuous use of Neurontin cannot be certified without documentation of efficacy. Therefore the request for One prescription of Gabapentin 600mg #1 is not medically necessary.