

Case Number:	CM15-0065957		
Date Assigned:	04/13/2015	Date of Injury:	09/18/2012
Decision Date:	08/18/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	04/08/2015

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: 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 36 year old male, who sustained an industrial injury on 9/18/12. He reported neck pain. The injured worker was diagnosed as having sprain of the neck, sprain of the lumbar region, and brachial neuritis. Treatment to date has included C5-6 cervical fusion on 8/27/13, medication, and TENS. A physician's report dated 10/20/14 noted Percocet reduced pain from 10/10 to a 4/10. Gralise reduced neuropathic pain. Amrix was beneficial in reducing muscle spasms. Ambien allows him to sleep 6-9 hours, without Ambien 4 hours of sleep and waking up frequently was noted. The injured worker stated Cymbalta was effective in improving his mood. A report dated 11/17/14 noted the current pain level was rated as 6/10 with medications. A report dated 2/23/15 noted the current pain level was rated as 8/10. Currently, the injured worker complains of neck pain that radiates down the left arm, numbness in the left arm and left side, left jaw tightness, and left sided headaches. The treating physician requested authorization for Percocet 10/325mg #150, Amrix 15mg#30, Gralise 300mg #30, Cymbalta 60mg #30, Ambien 5mg #30, cervical spine acupuncture treatment 2 x 5, and purchase of TENS unit patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Pain Chapter--Opioids Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 91-97.

Decision rationale: According to the CA MTUS and ODG, Percocet 10/325mg (oxycodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's functional benefit. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.

Amrix 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Pain Procedure Summary last updated 01/09/2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-65. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--Muscle relaxants.

Decision rationale: The California MTUS Guidelines and the ODG recommends non-sedating muscle relaxants, such as Amrix, with caution as a second-line option for short-term treatment of acute low back pain (LBP), and for short-term (<2 weeks) treatment of acute exacerbations in patients with chronic LBP. This medication has its greatest effect in the first four days of treatment. In addition, this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. In this case, the available records show that the injured worker has not shown a documented benefit or any functional improvement from its prior use. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested treatment is not medically necessary.

Gralise 300mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-20, 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--Anti-epilepsy drugs (AEDs) for pain.

Decision rationale: According to the CA MTUS (2009) and ODG, Gralise (Gabapentin) is an anti-epilepsy drug, which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia, and has been considered as a first-line treatment for neuropathic pain. The records documented that this injured worker has neuropathic pain related to her chronic condition. Gralise has been part of her medical regimen. However In this case, review of Medical Records indicate that previous use of this medication has not been effective in this injured worker for maintaining the functional improvement. Medical necessity for Gralise has not been established. The requested medication is not medically necessary.

Cymbalta 60mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines serotonin reuptake inhibitor antidepressant (SNRI) Page(s): 13, 15-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cymbalta; Antidepressants for chronic pain.

Decision rationale: According to the California MTUS Guidelines, antidepressants are indicated for the treatment of chronic musculoskeletal pain. They are recommended as a first-line option for neuropathic pain, and as a possibility for non-neuropathic pain. Cymbalta (Duloxetine) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRI). It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy. In this case, there is no documentation of objective functional benefit with prior medication use. The medical necessity for Cymbalta has not been established. The requested medication is not medically necessary.

Ambien 5mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure summary last updated 01/19/2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--Insomnia Treatment.

Decision rationale: ODG--Pain Chapter--Insomnia Treatment. Ambien (Zolpidem) is a prescription non-benzodiazepine hypnotic, which is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Ambien can be habit-forming, and may impair function and memory more than opioid analgesics. There is also concern that Ambien

may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology, and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. In this case, the injured worker has chronic pain, and the submitted documentation does not indicate objective functional benefit with prior medication use. The requested medication is not medically necessary. Of note, discontinuation of medicine should include a taper, to avoid withdrawal symptoms, weaning is typically recommended.

Cervical spine acupuncture treatment 2 times 5: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This prescription for acupuncture is evaluated in light of the MTUS recommendations for acupuncture. The MTUS recommends an initial trial of 3-6 visits of acupuncture. Per the MTUS, "acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." Medical necessity for any further acupuncture is considered in light of "functional improvement". There is evidence that this injured worker has received treatment with acupuncture before, however the records are not clear about its functional benefits. There was no discussion by the treating physician regarding a decrease or intolerance to pain medications. Also 10 visits of acupuncture exceed the MTUS recommendation. Given the MTUS recommendations for use of acupuncture, the requested treatment for Cervical spine acupuncture treatment 2 times 5 is not medically necessary.

Purchase of transcutaneous electrical nerve stimulation (TENS) unit patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 115-116.

Decision rationale: As Per CA MTUS guidelines TENS unit is not recommended as a primary modality, but a one month home-based trial may be considered if used as an adjunct to a program of evidence-based functional restoration, with documentation of how often the unit was used. A treatment plan that includes the specific short and long term goals of treatment with TENS unit cannot be located in the submitted Medical Records. MTUS Guideline does support rental of this unit at the most for one month, There is evidence that this injured worker has received treatment with transcutaneous electrical nerve stimulation (TENS) unit before, however the records do not indicate functional improvement. The requested treatment: Purchase of transcutaneous electrical nerve stimulation (TENS) unit patches is not medically necessary and appropriate.