

Case Number:	CM14-0143012		
Date Assigned:	09/10/2014	Date of Injury:	05/21/2010
Decision Date:	10/14/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	09/03/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 35-year-old female with date of injury of 05/21/2010. The listed diagnoses per [REDACTED] dated 07/30/2014 are: 1. Severe right thoracic outlet syndrome. 2. Associated right shoulder adhesive capsulitis. 3. Severe vascular headaches. 4. Status post scalenectomy in September 2013. 5. Right upper extremity complex regional pain syndrome. 6. Recent ipsilateral right lower extremity CRPS symptoms. 7. History of C5-C6 annular disk tear. 8. Depression and anxiety. According to this report, the patient complains of ongoing severe right upper extremity pain with similar discomfort to the right lower extremity. She has completed a psychological clearance for a spinal cord stimulator. The examination shows global right upper extremity weakness, hyperalgesia, and allodynia with mild discoloration. Her hyperalgesia is on the right lower extremity. No other findings were noted on this report. The utilization review denied the request on 08/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 100mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a therapeutic trial of opioids; Opioids for c.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Gabapentin and Pregabalin:.

Decision rationale: This patient presents with severe right upper extremity pain. The treater is requesting Neurontin 300 mg. The MTUS Guidelines page 18 and 19 on gabapentin states that it has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia, and has been considered as a first-line treatment for neuropathic pain. MTUS page 60 states that for medications used for chronic pain, efficacy in terms of pain reduction and functional gains must also be documented. The records show that the patient was prescribed Neurontin on 11/15/2013. The 04/18/2014 report notes, "She remains on medications including Nucynta, Motrin, and Neurontin for pain control. She states without these medications her pain is unbearable." In this case, the treater has noted adequate benefit while utilizing Neurontin. Recommendation is for authorization.

Motrin 600mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): MTUS 60, 61).

Decision rationale: This patient presents with severe right upper extremity pain. The treater is requesting Motrin600 mg. The MTUS Guidelines page 22 on antiinflammatory medications states that antiinflammatories are the traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The MTUS Guidelines page 60 and 61 states that pain assessment and functional changes must also be noted when medications are used for chronic pain. The records show that the patient has been using Motrin since 10/18/2013; however, prior medication history was not made available. The 04/18/2014 report notes, "She remains on medications including Nucynta, Motrin, and Neurontin for pain control. She states without these medications, her pain is unbearable." In this case, the treater has documented medication efficacy, and MTUS supports the use of antiinflammatories as a first-line treatment to reduce pain and inflammation. Recommendation is for authorization.

Neurontin 300mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin and Pregabalin:.

Decision rationale: This patient presents with severe right upper extremity pain. The treater is requesting Neurontin 300 mg. The MTUS Guidelines page 18 and 19 on gabapentin states that it has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia, and has been considered as a first-line treatment for neuropathic pain. MTUS page 60 states that for medications used for chronic pain, efficacy in terms of pain reduction and functional gains must also be documented. The records show that the patient was prescribed

Neurontin on 11/15/2013. The 04/18/2014 report notes, "She remains on medications including Nucynta, Motrin, and Neurontin for pain control. She states without these medications her pain is unbearable." In this case, the treater has noted adequate benefit while utilizing Neurontin. Recommendation is for authorization.

Ambien 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Procedure Summary (updated 06/10/2014) and Mosby's Drug Consult

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation) Ambien

Decision rationale: This patient presents with severe right upper extremity pain. The treater is requesting Ambien 10 mg. The MTUS and ACOEM Guidelines are silent with regards to this request; however, ODG Guidelines on zolpidem states that it is indicated for short-term treatment of insomnia with difficulty of sleep onset for 7 to 10 days. The records show that the patient started taking Ambien on 12/27/2013. In this case, MTUS does not recommend the long-term use of this medication. Recommendation is for denial.

Prilosec 20mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular Page(s): 68-69.

Decision rationale: This patient presents with severe right upper extremity pain. The treater is requesting Prilosec 20 mg. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states that it is recommended with precaution for patients at risk for gastrointestinal events; ages greater than 65; history of peptic ulcer; GI bleeding or perforation; current use of ASA, corticosteroids, and/or anticoagulants; high dose multiple NSAIDs. The 07/16/2013 report notes that the patient has medication-induced gastroesophageal reflux disease. The patient was prescribed Prilosec on 12/27/2013. In this case, the treater has documented gastrointestinal events, and the continued use of this medication is medically necessary. Recommendation is for authorization.

████████ Chewable Tablets: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy Page(s): 77.

Decision rationale: This patient presents with severe right upper extremity pain. The treater is requesting [REDACTED] chewable tablets, a laxative. MTUS supports prophylactic use of laxatives for patients on opiates. Given that the patient was provided with Nucynta, use of a laxative would appear reasonable. Recommendation is for authorization.