MAXIMUS Federal Services

Case Number:	CM14-0160538		
Date Assigned:	10/06/2014	Date of Injury:	04/10/2012
Decision Date:	10/30/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	09/30/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 31-year-old male with a 4/10/12 date of injury. At the time (8/27/14) of request for authorization for Vicodin 5/500mg #60, Norco 5/535mg #60, Gabapentin 100mg #90, and Spine surgery consult, there is documentation of subjective (neck and upper back pain) and objective (tenderness over the neck/upper back, numbness and tingling on Spurling's test, and tight muscle spasm with twitch response) findings, imaging findings (CT of the cervical spine (11/21/13) report revealed early degenerative change of the cervical spine with suggested mild right C5-6 neural foraminal narrowing), current diagnoses (cervical sprain with bilateral upper extremity radiation), and treatment to date (medications (including ongoing treatment with Pristiq, Ativan, and Hydrocodone/APAP since at least 4/22/14), epidural steroid injections, and trigger point injections). Medical report identifies that there is an ongoing pain contract. In addition, medical report identifies that Vicodin improves the patient's function and is able to get out during the day. Regarding Norco, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date. Regarding Spine surgery, there is no documentation of persistent, severe, and disabling shoulder or arm symptoms, clear clinical, imaging, and electrophysiology evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and the long term.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/500mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of cervical sprain with bilateral upper extremity radiation. In addition, there is documentation of ongoing treatment with Hydrocodone/APAP. Furthermore, given documentation that there is an ongoing pain contract, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Lastly, given documentation that Vicodin improves the patient's function and is able to get out during the day, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Vicodin use to date. Therefore, based on guidelines and a review of the evidence, the request for Vicodin 5/500mg #60 is medically necessary.

Norco 5/535mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Use for a Therapeutic Trial of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of cervical sprain with bilateral upper extremity radiation. In addition, given documentation that there is an ongoing pain contract, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose

is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, documentation of ongoing treatment with Hydrocodone/APAP, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco 5/535mg #60 is not medically necessary.

Gabapentin 100mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 18-19.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of Neurontin (Gabapentin). Within the medical information available for review, there is documentation of a diagnosis of cervical sprain with bilateral upper extremity radiation. In addition, given documentation of subjective (neck and upper back pain) and objective (numbness and tingling on Spurling's test) findings there is documentation of neuropathic pain. Therefore, based on guidelines and a review of the evidence, the request for Gabapentin 100mg #90 is medically necessary.

Spine Surgery Consult: 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of persistent, severe, and disabling shoulder or arm symptoms, activity limitation for more than one month or with extreme progression of symptoms, clear clinical, imaging, and electrophysiology evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and the long term, and unresolved radicular symptoms, as criteria necessary to support the medical necessity of a spine specialist referral. Within the medical information available for review, there is documentation of a diagnosis of cervical sprain with bilateral upper extremity radiation. However, despite documentation of subjective (neck and upper back pain) findings, objective (tenderness over the neck/upper back, numbness and tingling on Spurling's test, and tight muscle spasm with twitch response) findings, and imaging findings (early degenerative change of the cervical spine with suggested MILD right C5-6 neural foraminal narrowing), there is no documentation of persistent, severe, and disabling shoulder or arm symptoms, clear clinical, imaging, and electrophysiology evidence, consistently indicating

the same lesion that has been shown to benefit from surgical repair both in the short and the long term. Therefore, based on guidelines and a review of the evidence, the request for Spine surgery consult is not medically necessary.