

Case Number:	CM14-0162627		
Date Assigned:	10/08/2014	Date of Injury:	10/31/2007
Decision Date:	11/07/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	10/03/2014

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 a licensed Doctor of Chiropractic, has a subspecialty in Acupuncture, 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 injured worker is a 55-year-old female who reported an injury on 10/31/2007. The mechanism of injury was not submitted for this review. The injured worker's prior treatment history included Functional Restoration Program, medications, topical medications, bilateral support gloves, and surgery. The injured worker was evaluated on 08/25/2014 and it was documented the injured worker complained of marked worsening spasm and pain in bilateral neck and shoulder girdles with noted loss of range of motion in both the neck and both shoulders. The provider noted the injured worker attempts to find relief with self-care techniques and exercises as learned in the Functional Restoration Program but was difficult without her medications. It was noted the injured worker was all out of her medications except for her fentanyl patches. She complained of and showed the provider marked evidence of swelling and pain along the incision site of her left on the fracture. Physical examination of the cervical spine revealed neurocirculatory status was intact. There was spasm bilateral upper trapezius and levator scapula with tenderness to palpation. Motion was guarded due to pain. Flexion was 50 degrees, extension was 50 degrees, left lateral bending was 30 degrees, right lateral bending was 30 degrees, left rotation was 60 degrees, and right rotation was 60 degrees. Left elbow examination revealed dulled sensation proximal to scar tissue with marked tenderness to palpation and evidence of extra capsular swelling soft tissue swelling. There was traumatic scars, and strength loss. Flexion was 140 degrees and pronation was 80 degrees. Medications included Colace, Relafen, gabapentin, Ultram, and omeprazole. It was noted the injured worker takes omeprazole twice a day for protection of her stomach due to the medications. Diagnoses included cervical strain; cervical degenerative arthritis; cervical radiculitis; repetitive strain/stress injury, cervical; post fracture and surgical repair elbow pain, left; repetitive stress injury stress of the elbow/forearm); and forearm pain on the left. The Request for Authorization dated

08/25/2014 was for gabapentin 300 mg and 600 mg, fentanyl patches 25 mcg, Relafen 500 mg, omeprazole 20 mg, Ultram, and Colace 100 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg Twice a day #60 Plus Two Refills:: Upheld

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 (Neurontin), Page(s): 49.

Decision rationale: The request is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that Gabapentin is an ant epilepsy drug (AEDs, also referred to as anticonvulsants), 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 medical records and guidelines do support that rationale or indication for gabapentin for neuropathic pain for the injured worker. The documentation submitted for review failed to indicate the injured worker had a diagnosis of diabetic neuropathy or post herpetic neuralgia. As such, the request for gabapentin 600 mg twice a day #60 plus 2 refills is not medically necessary.

Gabapentin 300mg twice per day #60 Plus Two Refills:: Upheld

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 (Neurontin), Page(s): 49.

Decision rationale: The request is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that Gabapentin is an ant epilepsy drug (AEDs, also referred to as anticonvulsants), 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 medical records submitted for review failed to indicate the injured worker had a diagnoses of diabetic neuropathy or post herpetic neuralgia. As such, the request for gabapentin 600 mg twice a day #60 plus 2 refills is not medically necessary. As such, the request for gabapentin 300 mg twice per day #60 plus 2 refills is not medically necessary.

Fentanyl 25 Mcg Patches, One Patch every 72 hours. 10 Plus 2 Refills:: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl Transdermal System) & Fentanyl Page(s): 44, 47.

Decision rationale: The requested is not medically necessary. California Medical Treatment Utilization Schedule (MTUS) guidelines do not recommend Duragesic fentanyl transdermal system as a first-line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin. The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. Fentanyl is an opioid analgesic with a potency eighty times that of morphine. Weaker opioids are less likely to produce adverse effects than stronger opioids such as fentanyl. The documents submitted for review lacked evidence of conservative care outcome measures of pain medication management and home exercise regimen for the injured worker. The medical records submitted for review identified ongoing complaints of chronic pain that have been unresponsive to most all treatment interventions, with chronic use of opiates and a request for continued support of fentanyl patches in combination with Ultram. As such, the request for fentanyl 25 mcg patches, 1 patch every 72 hours, and 10 plus 2 refills is not medically necessary.

Relafen 500mg by mouth twice per day #60 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: The requested is not medically necessary. The Chronic Pain Medical Treatment Guidelines recommend that Relafen is used as a second line treatment after acetaminophen, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. For acute low back pain with sciatica a recent Cochrane review (included 3 heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs versus. Placebo. In patients with axial low back pain this same review found that NSAIDs were not more effective than acetaminophen for acute low back pain and that acetaminophen have fewer side effects. The provider failed to indicate long-term functional goals for the injured worker. According to the Guidelines, Relafen is used as a second line treatment after acetaminophen is tried as a first line treatment. The provider failed to indicate the injured worker have failed first-line of acetaminophen. As such, the request for Relafen 500 mg by mouth twice per day #60 with 2 refills is not medically necessary.

Omeprazole 20 Mg twice per day: Upheld

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 Proton pump inhibitors Page(s): 68-69.

Decision rationale: The request is not medically necessary. Chronic Pain Medical Treatment Guidelines state that Prilosec/Omeprazole is recommended for patients taking NSAIDs who are at risk of gastrointestinal events. The documentation did not indicate the injured worker having gastrointestinal events. The medical records submitted on 08/25/2014 indicated the injured worker was using omeprazole 20 mg to protect her stomach twice per day. However, the provider failed to indicate her gastrointestinal events were caused by medication usage. As such, the request for omeprazole 20 mg twice is not medically necessary.

Ultram One Tab by mouth twice per day #60 Plus Two Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The requested is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing-management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was a lack of evidence of opioid medication management or longevity, of pain relief. The provider failed to provide a urine drug screen indicating opiate compliance for the injured worker. As such, the request for Ultram 1 tab by mouth twice per day #60 plus 2 refills is not medically necessary.

Colace 100mg Twice per day #60 Plus 2 Refills: Upheld

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

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

Decision rationale: The requested is not medically necessary. California Medical Treatment Utilization Schedule recommends Colace for constipation. The injured worker is diagnosed with constipation secondary to narcotics. The assumption that the injured worker will continue to have constipation with continued use of narcotics, supports the use of Colace. On 08/25/2014, the provider noted the injured worker was authorized for the Docusate Sodium. The provider failed to provide the rationale why the injured worker needs additional Colace. As such, the request for Colace 100 mg twice per day #60 plus 2 refills is not medically necessary.