MAXIMUS Federal Services

Case Number:	CM14-0168417		
Date Assigned:	10/16/2014	Date of Injury:	09/21/2012
Decision Date:	11/18/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/13/2014

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 Occupational Medicine, 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 claimant was injured on 09/21/12 in a motor vehicle accident. Gabapentin and Norco are under review. On 08/13/14, she had right shoulder pain that increased with more ADLs. Her low back was tender with instability. She was prescribed Norco and gabapentin. MRI of the lumbar spine was positive but it is not fully described. A note dated 08/01/14 indicates that she had cervical pain radiating to the upper extremities, left shoulder pain, and lumbar pain radiating to the lower extremities. She was taking gabapentin, Norco, and Cymbalta. She was status post epidural steroid injection on 07/17/14. She reported significant relief and had greater than 50% relief from the injection. She was receiving left shoulder injections also. She had cervicothoracic muscle spasm and myofascial trigger points with a twitch response. She had painful range of motion of the left shoulder. She could not toe walk on the right foot. She had pain with range of motion. There were paraspinous muscle spasms with myofascial trigger points and a twitch response. Her reflexes were symmetric. She had mild decreased strength in the right triceps. Otherwise her strength was good. She complained of numbness and tingling in the bilateral lower extremities in the L5 distribution. She also had decreased sensation in the bilateral upper extremities in the C7 distribution. She was diagnosed with cervical and lumbar radiculopathy with myospasms and myofascial trigger points. She also attended physical therapy in mid-2014. On 09/03/14, she saw an orthopedic surgeon. She had a cortisone injection on 08/13/14 with 50% relief. Her lumbar spine was stiff. The handwritten notes are essentially illegible. Norco was recommended along with Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Gabapentin 250mg #90 on 8/13/14: 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, Anti-epilepsy drugs, Medications for Chronic Pain Page(s): 83, 46, 94.

Decision rationale: The history and documentation do not objectively support the retrospective request for gabapentin 250mg #90 on 8/13/14. The MTUS state "gabapentin (Neurontin) is an anti-epilepsy drug (AEDs - also referred to as anti-convulsant), which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Also, MTUS states "anti-epilepsy drugs (AEDs) are also referred to as anti-convulsant; recommended for neuropathic pain (pain due to nerve damage.) There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy. The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions." Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded. In this case, there is no clear evidence of neuropathic pain. No focal neurologic deficits have been described and the claimant has primarily soft tissue musculoskeletal complaints, including tenderness and spasms. The results of the MRIs have not been described. No EMG/NCV was reported. There is no evidence of diabetic neuropathy or postherpetic neuralgia. There is no evidence of trials of other first line medications for pain including acetaminophen and NSAIDs, with evidence that they have failed to provide pain relief. There is also no evidence that the claimant has tried local modalities or has been involved in an ongoing exercise program to help maintain any benefits she gets from treatment modalities. The medical necessity of this request for Gabapentin 250 mg #90 on 08/13/14 has not been clearly demonstrated therefore, the request is not medically necessary.

Retrospective request for Norco 10/325mg #60 on 8/13/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain, Medications for Chronic Pain Page(s): 100, 94.

Decision rationale: The history and documentation do not objectively support the request for the opioid, Norco 10/325mg #60 (frequency unknown) on 8/13/14. The MTUS outlines several components of initiating and continuing opioid treatment and states "a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen or nonsteroidal anti-inflammatory drugs. MTUS further explains, "pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." There is no indication that periodic monitoring of the claimant's pattern of use and response to this medication, including assessment of pain relief and functional benefit, has been or will be done. There is no evidence that she has been involved in an ongoing rehab program to help maintain any benefits she receives from treatment measures. Additionally, the 4A's "analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors" should be followed and documented per the guidelines. The claimant's pattern of use of Norco is unclear other than she takes it. There is no evidence that a signed pain agreement is on file at the provider's office or that a pain diary has been recommended and is being kept by the claimant and reviewed by the prescriber. Under these circumstances, the medical necessity of the ongoing use of Norco 10/325mg #60 (frequency unknown) on 8/13/14 has not been clearly demonstrated therefore, this request is not medically necessary.