

Case Number:	CM14-0176590		
Date Assigned:	10/29/2014	Date of Injury:	01/22/2001
Decision Date:	12/05/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/24/2014

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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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 58-year-old woman with a date of injury of 01/22/2001. The submitted and reviewed documentation did not identify the mechanism of injury. Office visit notes by [REDACTED] dated 05/28/2014, 06/25/2014, 07/17/2014, 08/14/2014, 09/11/2014, and 10/09/2014 indicated the worker was experiencing lower back pain that went into both legs at times, neck and upper back pain that went into both arms at times, problems sleeping, fatigue, depressed mood, and anxious mood. These records also reported aberrant behaviors while prescribed three restricted medications and a history of abuse requiring formal rehabilitation. Documented examinations consistently described tenderness involving the muscles along the entire neck and back, both hips, throughout both legs, and the arms at times and a positive Patrick's test. The submitted and reviewed documentation concluded the worker was suffering from lower back and neck pain, myofascial pain syndrome (versus fibromyalgia; the records were unclear), and carpal tunnel syndrome. Treatment recommendations included urinary drug screening and testing and continued oral pain medications with a stomach protectant. One of the opioid medications was being weaned. A Utilization Review decision by [REDACTED] was rendered on 10/02/2014 recommending non-certification for Neurontin (Gabapentin) 100mg #210 with three refills and Percocet (Oxycodone with Acetaminophen) 10/325mg #90 and recommending partial certification for Ultram (Tramadol) 50mg #180 without refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 100mg #210 with 3 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs (AEDs) Page(s): 16-19.

Decision rationale: Neurontin (Gabapentin) is a medication in the anti-epilepsy drug class. The MTUS Guidelines recommend its use for the treatment of neuropathic pain for its efficacy and favorable side effect profile. Documentation should include the change in pain and function at each visit, especially during the dose adjustment phase. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that went into both legs at times, neck and upper back pain that went into both arms at times, problems sleeping, fatigue, depressed mood, and anxious mood. These records also reported aberrant behaviors while prescribed three restricted medications and a history of abuse requiring formal rehabilitation. Documented examinations consistently described tenderness involving the muscles along the entire neck and back, both hips, throughout both legs, and the arms at times and a positive Patrick's test. Despite consistent reports of worsening pain and function and on-going diffusely painful examinations, the use of this medication remained unchanged over at least five months. In the absence of supporting evidence suggesting benefit, the current request for Neurontin (Gabapentin) 100mg #210 with three refills is not medically necessary.

Percocet 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, 124.

Decision rationale: Percocet (Oxycodone with Acetaminophen) is a combined medication that includes an opioid and another pain reliever. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that went into both legs at times, neck and upper back pain that went into both arms at times, problems sleeping, fatigue, depressed mood, and anxious mood. These records also reported aberrant behaviors while prescribed three restricted medications and a history of abuse requiring formal rehabilitation. The worker also reported her medications had been stolen multiple times. The MTUS Guidelines encourage weaning when opioid medications are no longer providing benefit. A faster taper is warranted given the seriousness of the risks of continued use of this medication with no documented significant benefit, which the reviewed

documentation reported had already begun. For these reasons, the current request for Percocet (Oxycodone with Acetaminophen) 10/325mg #90 is not medically necessary.

Ultram 50mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, 124.

Decision rationale: Ultram (Tramadol) is a medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that went into both legs at times, neck and upper back pain that went into both arms at times, problems sleeping, fatigue, depressed mood, and anxious mood. These records also reported aberrant behaviors while prescribed three restricted medications and a history of abuse requiring formal rehabilitation. The worker also reported her medications had been stolen multiple times. The MTUS Guidelines encourage weaning when opioid medications are no longer providing benefit. A faster taper is warranted given the seriousness of the risks of continued use of this medication with no documented significant benefit. For these reasons, the current request for Ultram (Tramadol) 50mg #180 is not medically necessary.