

Case Number:	CM14-0180009		
Date Assigned:	11/04/2014	Date of Injury:	08/13/2010
Decision Date:	12/09/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/29/2014

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 Georgia. 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 55 year old male presenting with a work related injury on 08/13/2010. The patient complained of cervical spine pain that was 8/10 that is sharp, dull, burn that is constant. The patient also complained of bilateral wrist 8/10 sharp, dull constant pain radiating to the right pinky. The pain is associated with numbness, tingling, weakness on bilateral hands. The physical exam was significant for limited range of motion. MRI of the lumbar spine showed spondylotic changes and endplate sclerotic changes; L2-3: 1-2 mm posterior disc bulge; L3-4: 2mm broad-based posterior disc protrusion, mild canal stenosis, and facet joint hypertrophy; L4-5: 2mm broad-based posterior disc protrusion resulting in moderate canal stenosis, facet joint hypertrophy; L5-S1 3-4 mm broad-based posterior disc protrusion without evidence of canal stenosis. The patient was diagnosed with cervical spine herniated disc, lumbar spine herniated disc, spinal stenosis, right carpal tunnel syndrome, annular tear and shoulder osteoarthritis. A claim was placed for Acetaminophen-Cod #3 and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acetaminophen-COD #3 tablet #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
Page(s): 79.

Decision rationale: Acetaminophen-COD #3 tablet #90 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore the requested medication is not medically necessary.

Neurontin 300mg #90: 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 AEDs.

Decision rationale: Neurontin 300mg #90 is not medically necessary. California MTUS, pages 17-19, recommends 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 post-herpetic 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. (Attal, 2006) The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions. Additionally, Per MTUS one recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. The claimant did not show improved function on her most recent office visit. Additionally, Neurontin is recommended for neuropathic pain. The claimant was not diagnosed with Neuropathic pain; therefore, the requested medication is not medically necessary.