

Case Number:	CM14-0180093		
Date Assigned:	11/04/2014	Date of Injury:	08/02/2011
Decision Date:	12/09/2014	UR Denial Date:	09/29/2014
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 Family 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 patient is a 36 year-old man who was injured at work on 8/2/2011. The injury was primarily to his neck and left upper extremity. He is requesting review of denial for the following: Norco 10/325mg #120; 1 Pain Management Consultation; and Gabapentin 600mg. Medical records corroborate ongoing care for his injuries. These records include the Primary Treating Physician's Progress Reports (PR-2s). The chronic diagnoses include: Cervicalgia; Pain in the Thoracic Spine; Peripheral Neuropathy/Carpal Tunnel Syndrome; Obesity; Cervical Spondylosis; and Cervical Spinal Stenosis (C2-3). Treatment has included: Opioids, NSAIDs, Muscle Relaxants, Antiepilepsy Drugs, Cervical Epidural Corticosteroid Injections, and modified work with activity restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: 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): 76-78, 80.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids. These guidelines have established criteria of the use of opioids for the ongoing management of pain. Actions should include: prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There should be evidence of documentation of the "4 A's for Ongoing Monitoring." These four domains include: pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Based on the review of the medical records, the patient has demonstrated subjective reduction in pain and an increase in range of motion with Norco 10/325mg #90. In the process of utilization review, #90 tablets were approved. There is no justification provided in the medical records to support an increase to #120 tablets. Without such rationale, the increase to #120 tablets of Norco 10/325mg is not considered as medically necessary.

1 pain management consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, page 56

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: Based on documentation in the records, it appears that the reason for referral is solely for an Epidural Steroid Injection (ESI). The MTUS/Chronic Pain Medical Treatment Guidelines provide comment on the use of ESIs. ESIs are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants); 3) Injections should be performed using fluoroscopy (live x-ray) for guidance; 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections; 5) No more than two nerve root levels should be injected using transforaminal blocks; 6) No more than one interlaminar level should be injected at one session; 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, there is no evidence to suggest that this patient has a radiculopathy based on history, physical examination findings or results of diagnostic tests. Therefore, consultation with a Pain Management Specialist is not considered medically necessary.

Gabapentin 600mg: Upheld

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

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of Anti-Epilepsy Drugs (AEDs) such as gabapentin. AEDs are 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. Appropriate monitoring of outcomes is an important component on the use of AEDs. A good response to the use of AEDs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the trigger for the following: 1. A switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); 2. Or combination therapy if treatment with a single drug agent fails. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Specifically studied disease states: Painful polyneuropathy: AEDs are recommended on a trial basis (gabapentin/pregabalin) as a first-line therapy for painful polyneuropathy (with diabetic polyneuropathy being the most common example). The other first-line options are a tri-cyclic antidepressant (if tolerated by the patient), or a SNRI antidepressant (such as duloxetine). Postherpetic neuralgia: Gabapentin and pregabalin are recommended. Central pain: There are so few trials (with such small sample size) that treatment is generally based on that recommended for peripheral neuropathy, with gabapentin and pregabalin recommended. Lamotrigine has been found to be effective for central post-stroke pain (see below for specific drugs), and gabapentin has also been found to be effective. Chronic non-specific axial low back pain: A recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain. In this case, there is no rationale provided for the ongoing use of gabapentin. There is insufficient documentation on the monitoring of outcomes pertaining to the use of gabapentin. Specifically, it cannot be determined whether the patient has had moderate to good response in symptom improvement based on his use of gabapentin. Finally, it is unclear which chronic problem gabapentin is designed to target for this patient. In summary, there is insufficient documentation to support ongoing use of gabapentin. This medication is not considered medically necessary.