

Case Number:	CM14-0180398		
Date Assigned:	11/05/2014	Date of Injury:	07/12/2004
Decision Date:	12/09/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/30/2014

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, has a subspecialty in Family Practice and is licensed to practice in Ohio. 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 40-year-old female with a date of injury of July 12, 2004. She sustained injuries to her left neck and shoulder when a 250 pound patient fell on her. She has had left shoulder surgery in 2005 and again in 2008. She complains of ongoing severe left neck, left shoulder, and left chest wall pain. She also complains of low back pain radiating to the left lower extremity. The left shoulder pain radiates to the left arm and hand. She has been diagnosed with a chronic myofascial pain syndrome of the neck and left shoulder, cervical radiculopathy, herniated disc at C5-C6, lumbar facet arthropathy, right-sided carpal tunnel syndrome, degenerative disc disease of the lumbar and cervical spine, and depression. She has also been diagnosed with a chronic left sided L4-L5 radiculopathy. She has been treated with hydrocodone and gabapentin chronically. She recently complains of left shoulder and scapula pain, left sided neck pain, pain to the left temple, left chest, left leg, depression, and poor sleep. Her physical exam has revealed diminished cervical range of motion, tenderness of the left cervical musculature, left supraspinatus tendon, left rhomboids, and left subacromial bursa. On June 5, 2014 she was evaluated by a rheumatologic agreed medical examiner felt that the opioid medication should be weaned and discontinued but that the gabapentin should be continued because the pain generator was thought to be centrally mediated.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Senna 8.6/50mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Opioid Induced Constipation

Decision rationale: If prescribing opioids has been determined to be appropriate, then ODG recommends, under Initiating Therapy, that Prophylactic treatment of constipation should be initiated. Opioid-induced constipation is a common adverse effect of long-term opioid use because the binding of opioids to peripheral opioid receptors in the gastrointestinal (GI) tract results in absorption of electrolytes, such as chloride, with a subsequent reduction in small intestinal fluid. In this instance, the injured worker has complained of constipation is a consequence of her opioid treatment. While it has been suggested that the opioids be weaned evidently this has not happened and consequently her constipation continues. Therefore, Senna 8.6/50mg #60 is medically appropriate and necessary to allow for opioid weaning.

One prescription of Gabapentin 600mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-convulsants Page(s): 16-22.

Decision rationale: This medication appears to be effective in reducing abnormal hypersensitivity (allodynia and hyperalgesia), to have anti-anxiety effects, and may be beneficial as a sleep aid. Gabapentin is thought to be effective for centrally mediated pain. It is thought the gabapentin should be used on a trial basis for most indications. One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggests that if inadequate control of pain is found, a switch to another first-line drug is recommended. Combination therapy is only recommended if there is no change with first-line therapy, with the recommended change being at least 30%. In this instance, there has been a recent titration of the Gabapentin dose from 600 mg 3 times a day to 900 mg 3 times a day. Because the dose of Gabapentin is currently being titrated it may be too soon to say whether or not continue treatment is apt to be effective or not. The agreed medical examiner feels the injured worker has centrally mediated pain for which a trial of Gabapentin is appropriate. Therefore, Gabapentin 600mg #30 is medically necessary.

One prescription of Gabapentin 600mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-convulsants Page(s): 16-22.

Decision rationale: This medication appears to be effective in reducing abnormal hypersensitivity (allodynia and hyperalgesia), to have anti-anxiety effects, and may be beneficial as a sleep aid. Gabapentin is thought to be effective for centrally mediated pain. It is thought the Gabapentin should be used on a trial basis for most indications. One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggests that if inadequate control of pain is found, a switch to another first-line drug is recommended. Combination therapy is only recommended if there is no change with first-line therapy, with the recommended change being at least 30%. In this instance, there has been a recent titration of the Gabapentin dose from 600 mg 3 times a day to 900 mg 3 times a day. Because the dose of Gabapentin is currently being titrated it may be too soon to say whether or not continue treatment is apt to be effective or not. The agreed medical examiner feels the injured worker has centrally mediated pain for which a trial of Gabapentin is appropriate. Therefore, Gabapentin 600mg #60 is medically necessary.

One prescription of Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Those requiring chronic opioid therapy should have ongoing assessment for pain relief, functionality, medication side effects, and any aberrant drug taking behavior. Opioids may be continued if the injured worker has regained employment or has improvements in pain and functionality. In this instance, the provided documentation suggests that there have been no meaningful gains in either pain relief or functionality over time. A recent report from the qualified medical examiner suggested that the opioids should be discontinued. Therefore, Norco 10/325mg #120 is not medically necessary. The treating physician should reference available weaning guidelines.