

Case Number:	CM14-0186055		
Date Assigned:	11/13/2014	Date of Injury:	08/25/1998
Decision Date:	12/30/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/07/2014

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 Medicine and is licensed to practice in Texas and Florida. 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 year 54 old female who was injured on 8/25/1998. The diagnoses are headache, neck pain, cervical radiculopathy, thoracic outlet syndrome, bilateral carpal tunnel syndrome and chronic pain syndrome. There are associated diagnoses of depression, anxiety and insomnia. There significant history of multiple episodes of alcohol intoxication and opioid overdose with inpatient detoxification treatment in 2011. The past surgery history is significant for thoracic outlet decompression surgery, sympathectomy and lumbar laminectomy. The MRI of the cervical spine showed multilevel disc bulges and foraminal narrowing and stenosis. The patient completed PT, chiropractic treatments, cervical epidural steroid injections, stellate ganglion blocks, TENS unit use and psychotherapy. On 6/10/2014, [REDACTED] noted subjective complaints of neck pain radiating to the upper extremities associated with numbness and tingling sensations. There were objective findings of muscle spasm, tenderness over the occipital area and cervical paraspinal muscles tenderness. The medications are Celebrex, Neurontin, Butrans and Lidoderm for pain, Lunesta for sleep and Zomig for headache. There was no UDS documentation in the records. The other medications listed on the chart are Pristiq, Ativan, Desipramine and Abilify from another Provider. A Utilization Review determination was rendered on 10/16/2014 recommending non-certification for Butrans patch 10mcg/hr # 30, Neurontin 800mg #120 3 refills, Celebrex 200mg #30 3 refills, Zomig 5mg #60 and Lidoderm 5% #30 5 refills

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 10mcg /hr # 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27, 40, 42-43, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids is associated with the development of tolerance, dependence, opioid induced hyperalgesia state, addiction, sedation and adverse interaction with other sedatives or psychiatric medications. The use of Butrans medication is associated with less opioid addiction effects because it is a partial agonist with an opioid ceiling effect. The guidelines recommend that the use of Butrans be reserved for patient with a history of opioid noncompliance or history of treatment in addiction detoxification program. The records indicate that the patient have significant past history of alcohol and opioid intoxication and overdose that required emergency hospitalization and inpatient detoxification. The patient is being treated for significant psychiatric disorders. There is no documentation of guidelines required compliance monitoring including regular UDS, Pain Contract, absence of aberrant drug behavior and adverse medication effects. Although Butrans is the guidelines recommended choice of opioid, it is recommended that closer monitoring and clinic visits at more frequent intervals be implemented in patients with past history of severe opioid complications. The criteria for Butrans 10mcg/hr #30 were not met.

Neurontin 800mg #120 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that anticonvulsants can be utilized as first line medications in the treatment of neuropathic pain. The guidelines also recommend that anticonvulsants can be useful in patients with chronic musculoskeletal pain with psychosomatic symptoms. The records indicate that the patient have subjective and objective findings consistent with cervical neuropathy. The utilization of Neurontin will be beneficial for this patient. But the guidelines criteria was not met for the use of Neurontin because this patient requires more frequent clinic visits for re-evaluations and assessments for efficacy and side effects. There is need for compliance monitoring with UDS because of a history of alcohol and opioid overdose and addiction. The patient is utilizing multiple psychiatric medications and sedatives. The criteria for the use of Neurontin 800mg #120 with 3 refills were not met.

Celebrex 20mg # 30 with 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized in the treatment of exacerbations of musculoskeletal pain. The chronic use of NSAIDs is associated with the development of cardiac, renal and gastrointestinal complications. The guidelines recommend that COX-2 NSAIDs such as Celebrex can be utilized in patient who cannot tolerate standard NSAIDs due to gastrointestinal side effects. The records indicate that the patient is on multiple oral medications. The use of regular NSAID caused gastrointestinal upset. The patient had been utilizing Celebrex only when needed for exacerbation of pain. The criteria for the use of Celebrex 200mg #30 with 3 refills were met.

Zomig 5mg # 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter . Headache

Decision rationale: The CA MTUS and the ODG guidelines recommend that oral Triptans can be utilized for short term abortive treatment of acute migraine headaches that did not respond to standard preventive or maintenance treatment. The long term use of Triptans medications is associated with the development of analgesic overuse headache and rebound headache. The records indicate that the patient is utilizing Zomig as a long term use medication. The patient is utilizing several analgesics which will further increase the incidence of rebound headache. The criteria for the use of Zomig 5mg #60 were not met.

Lidoderm 5% # 30 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic preparations in the form of Lidoderm can be utilized in the treatment of localized neuropathic

pain that did not respond to first line anticonvulsant and antidepressant medications. The records indicate that the chronic pain is located in multiple body regions from the cervical spine, to the upper thorax, occipital area and upper extremities. There is no documentation of subjective or objective findings indicative of localized neuropathic pain syndrome. There is no documentation that the patient failed first line medications such as Neurontin. The criteria for the use of Lidoderm 5% #30 with 3 refills were not met.