

Case Number:	CM14-0092611		
Date Assigned:	07/25/2014	Date of Injury:	03/09/2012
Decision Date:	09/19/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/18/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 62 year old male with an injury date of 03/09/12. Per the 05/22/14 report by [REDACTED] and the 01/13/14 report by [REDACTED], the patient reports with neck pain and electrical shock like sensations in the bilateral upper extremities during the day and in the legs at night. Pain is rated 7/10. He feels his legs may not support him. Examination reveals that manual muscle testing is severely compromised by cog wheeling and shaking movements proximally and distally in the bilateral lower extremities. The patient's diagnoses include: 1. Generalized sensor motor peripheral neuropathy based upon multiple abnormalities on nerve conduction studies. 2. Evidence of muscle membrane instability definitely localized to medial gastrocnemius of the right and other potential abnormalities in medial and lateral hamstrings on the right. 3. Status post anterior and posterior fusion from C3 to C& for multilevel disc degeneration, face arthrosis and altered sagittal alignment with loss of lordosis. (08/27/13) 4. Central and neuroforaminal stenosis at multiple levels. 5. Bilateral carpal tunnel syndrome. Current medication is listed as Amitiza, Nacynta, Norco, cyclobenzaprine and Inderal. The utilization review date being challenged is dated 05/20/14. Treatment reports were provided from 03/09/12 to 05/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-78, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management. Opioids, long-term assessment Page(s): 78, 88, 89.

Decision rationale: MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. A review of the reports provided show there is no discussion or documentation of pain assessment or outcome measures as described above. No specific ADL's are provided and no functional or analgesia documented using numeric scales. Therefore, there is not adequate documentation as required by MTUS, the request is not medically necessary.

Nucynta ER 100mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 05/15/14).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management. Opioids, long-term assessment Page(s): 78, 88, 89.

Decision rationale: MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. A review of the reports provided show there is no discussion or documentation of pain assessment or outcome measures as described above. No specific ADL's are provided and no functional or analgesia documented using numeric scales. Therefore, there is not adequate documentation as required by MTUS. The request is not medically necessary.

Amitiza 24mg #30 5 refills: Overturned

The Claims Administrator based its decision on the Non-MTUS Official Disability Guidelines (ODG).

The Expert Reviewer based his/her decision on the Non-MTUS (ODG) Opioid-induced constipation.

The Expert Reviewer's decision rationale:

ODG guidelines state that this medication is a second line treatment and shows efficacy and tolerability in treating opioid-induced constipation. ODG guidelines also indicate opioid-induced constipation treatment is appropriate because constipation is a common effect of long term opioid use. The reports provided document the patient's opioid use since at least 01/18/12. The request

is medically necessary.

Flexeril 5mg #180 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: MTUS guidelines page 64 states the following, "Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for recommendation for chronic use. "MTUS guidelines for muscle relaxant for pain page 63 state, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP."MTUS does not recommend more than 2 to 3 weeks for use of the medication. Review of reports shows that the patient has been on this medication for a least several months. The request is not medically necessary.

Propranolol 10mg #120 5 refills: Upheld

The Claims Administrator based its decision on the Non-MTUS Official Disability Guidelines (ODG) Diabetes (updated 02/20/14).

The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, page 8 and on the Non-MTUS (ODG) Amitriptyline, beta blockers (metoprolol, propranolol, and timolol), topiramate as well as valproic acid and its derivatives, are first-line agents for the treatment of chronic migraines.

Decision rationale: ODG has the statement under head chapter, "- Amitriptyline, beta blockers (metoprolol, propranolol, and timolol), topiramate as well as valproic acid and its derivatives, are first-line agents for the treatment of chronic migraines." In this case, the treating physician does not discuss the rationale for the use of this medication, for what purpose and with what results. There is no documentation for migraines. MTUS page 8 requires that the treating physician provide monitoring of treatments and progress. Without a rationale and response, the request for continued use of Propranolol cannot be considered. The request is not medically necessary.