

Case Number:	CM14-0212311		
Date Assigned:	01/02/2015	Date of Injury:	11/18/1999
Decision Date:	02/28/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 53-year-old female with a date of injury on 11/18/1999. Medical records provided did not indicate the mechanism of injury that occurred on 11/18/1999. Documentation from 08/21/2014 indicated the diagnoses of postlaminectomy syndrome, lumbar spine radiculitis, status post intrathecal pump implant, and sleep apnea. Subjective findings from treating physician on 08/21/2014 was remarkable for constant hip and leg pain, pain to the left side of the back and bilateral hip with the pain rated as a three out of ten. The injured worker also had swelling to the right thigh and also noted throbbing and spasms to the bilateral legs. Physical examination from the same date was remarkable for antalgic gait on the left, positive straight leg raise bilaterally at 45 degrees, range of motion of to the lumbar spine was 0 degrees flexion, 5 degrees extension, and 10 degrees to right and left lateral. Medical records provided lacked documentation of diagnostic studies performed. Prior treatments offered to the injured worker included caudal epidural injection on 12/02/2013 with 70% improvement noted, use of intrathecal pump, physical therapy, gym exercises, and a medication history of Prialt, Norco, Neurontin, Flexeril, and Voltaren. Medical records provided included physical therapy vestibular evaluation that was performed on 11/04/2014 which indicated prior physical therapy for post concussive symptoms from an injury dated on 07/2010, but there was no documentation of quantity or results of prior physical therapy visits. Physician examination from 08/21/2014 noted the use of Prialt to give better pain control with the use of Norco for breakthrough pain. The examination noted that the use of Neurontin reduces the pain, but caused numbness and tingling and also noted Flexeril to be too strong. The

medical records provided lacked documentation of the effectiveness of the medication regimen with regards to functional improvement, improvement in work function, or in activities of daily living. The records provided did not indicate the injured worker's work or disability status. On 11/21/2014, Utilization Review non-certified the prescriptions for Norco 10/325mg one tablet four times a day with a quantity of 120 and refill unspecified for relief of moderate to severe pain, Neurontin 300mg one tablet four times a day with a quantity of 120 and refill unspecified for relief of neuropathic pain, Voltaren 75mg one tablet two times a day with a quantity of 60 and refill unspecified for relief of inflammation/pain as an outpatient related to lumbar post laminectomy syndrome/radiculopathy between 11/18/2014 and 12/18/2014. The guidelines used in the determination of the requested treatments were Goodman And Gilman's The Pharmacological Basis of Therapeutics, 12th Edition; Physician's Desk Reference, 68th Edition; Official Disability Guidelines Workers Compensation Drug Formulary; Epocrates Online; Monthly Prescribing Reference; Opioid Dose Calculator; and AMDD Agency Medical Director's Group Dose Calculator. The Utilization Review noted that the documentation provided indicated an improvement in pain but limited documentation of physical examination and no documentation on improvement of function with use of the requested medications of Norco, Neurontin, and Voltaren, thereby noncertifying requested medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, 1 tablet 4 times a day, qty:120 refill: unspecified: 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 opioids Page(s): 74-96. Decision based on Non-MTUS Citation Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic) opioids

Decision rationale: ODG does not recommend the use of opioids for neck and low back pain ?except for short use for severe cases, not to exceed 2 weeks.? The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that “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.” The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the request for Norco 325/10mg # 120 is deemed not medically necessary.

Neurontin 300mg, 1 tablet 4 times a day qty:120 refill: unspecified: 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 Anti-Epilepsy Drugs Page(s): 16-22. Decision based on Non-MTUS Citation Chronic Pain, Anti-epilepsy drugs (AEDs) for pain, Gabapentin (Neurontin; \dot{c} ½)

Decision rationale: The MTUS considers Gabapentin as a first-line treatment for neuropathic pain and effective for the treatment of spinal cord injury, lumbar spinal stenosis, and post op pain. MTUS also recommends a trial of Gabapentin for complex regional pain syndrome. ODG states “Recommended Trial Period: 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. 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. Additionally, ODG states that Gabapentin “has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain.” Based on the clinical documentation provided, there is evidence of ongoing neuropathic or radicular pain subjectively and on physical examination. As such, I am reversing the prior decision, the medication is deemed medically necessary.

Voltaren 75mg, 1 tablet 2 times a day, qty:60 refill: unspecified: 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 NSAIDS Page(s): 67-73. Decision based on Non-MTUS Citation Pain-NSAIDS-Non specific NSAIDS-diclofenac sodium

Decision rationale: MTUS specifies four recommendations regarding NSAID use:1) Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain.2) Back Pain - Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP.3) Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics.4) Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. The medical documents do not indicate that the patient is being treated for osteoarthritis. Additionally, the treating physician does not document failure of primary (Tylenol) treatment. Progress notes do not indicate how long the patient has been on diclofenac, but the MTUS guidelines recommend against long-term

use. Dyesthesia pain is present, but as MTUS outlines, the evidence for NSAID use in neuropathic pain is inconsistent. Finally, there are also no medical documents indicating the rationale for the diclofenac, to include the intended use. As such, the request for volataren 75mg x60 is deemed not medically necessary.