

Case Number:	CM14-0214629		
Date Assigned:	01/07/2015	Date of Injury:	07/31/2013
Decision Date:	02/28/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/22/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58 year-old female with a date of injury of July 31, 2013. The patient's industrially related diagnoses include thoracolumbar sprain/strain with bilateral lower extremity radiculitis, multilevel disc protrusions/stenosis, cervical spine sprain/strain, sleep loss, stress and headaches. MRI of the lumbar spine dated 6/4/2014 showed multilevel degenerative disc disease greatest at L4-5 and L5-S1 with posterior annular tears in the intervertebral discs at L4-L5 and L5-S1 along with mild to moderate neuroforaminal narrowing and nerve root compromise at L4-L5 and moderate to severe bilateral neuroforaminal narrowing and bilateral nerve root compromise at L5-S1. The disputed issues are Tylenol #3 30/300mg #90, Voltaren Gel 1.3% #100, Prilosec 20mg #30, and Neurontin 300mg. A utilization review determination on 12/17/2014 had non-certified these requests. The stated rationale for the denial of Tylenol #3 was: "In regard to the request for Tylenol #3 the records revealed that the patient had been prescribed Tylenol #3 since at least 2013 with record of 'continued significant severe symptoms despite Tylenol #3' and that Tylenol #3 only had offered 'temporary benefit'. Given that the records do not support significant improvement with the long-term use of this medication its continued use is not medically warranted at this time. Therefore, the request for 90 Tylenol #3 300/30mg is recommended non-certified." The stated rationale for the denial of Voltaren Gel was: "Based on the above guidelines and that this patient is under treatment for cervical, lumbar and shoulder complaints, the use of Voltaren gel would not be supported for these conditions and the request for 1 RX Voltaren Gel 1.3% #100 is therefore recommended non-certified." The stated rationale for the denial of Prilosec was: "Per the 9/22/2014 progress note, it was

documented that NSAIDs and gastritis/gastrointestinal protections medications were discontinued last visit due to gastrointestinal issues. There is no further record in the documentation that would necessitate the continuation of the use of PPI medications. Therefore, the request for 30 Prilosec 20mg is recommended non-certified." Lastly, the stated rationale for the denial of Neurontin was: "The records revealed that there had been no improvement in the patient's pain conditions due to a trial of Neurontin performed 9/22/2014 and 10/22/2014. As stated above, if inadequate control of pain is found, a switch to another first-line drug is recommended. Therefore, the request for 60 tablets of Neurontin 300mg is recommended non-certified

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol # 3 30/300 # 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 75-80.

Decision rationale: Regarding the request for Tylenol #3 300/30 (APAP/Codeine), Chronic Pain Medical Treatment Guidelines state that Tylenol #3 is an opiate pain medication. Due to potential for abuse, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. In the medical report dated 6/24/2014, the physician indicated that the injured worker was prescribed Tylenol with Codeine, but there was no documentation that the medication improved the injured worker's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS). In subsequent progress notes, the injured worker was prescribed Norco, another opiate pain medication, for the management of her pain symptoms. In the progress report dated 12/5/2014, the injured worker was changed back to Tylenol with Codeine but there was no rationale provided for the change. Without evidence of pain relief or functional improvement with previous use of Tylenol #3, there is no clear indication for resuming this medication at this time. In light of the above issues, the requested Tylenol #3 #90 is not medically necessary.

Voltaren Gel 1.3% #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R.9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 112.

Decision rationale: Regarding the request for Voltaren Gel, Chronic Pain Medical Treatment Guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Voltaren Gel specifically is recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In the progress report dated 6/24/2014 it was documented that the injured worker was prescribed Celebrex but had stomach pain as a result of taking it. Therefore Nexium 40mg was prescribed for the treatment of dyspepsia due to NSAID use. In the progress note dated 9/22/2014, the treating physician indicated that both Celebrex and Nexium were discontinued the previous visit due to GI issues and Voltaren Gel was prescribed. However, in the case of this injured worker, her area of pain includes the cervical spine, the lumbar spine, and the left shoulder, which is not in accordance with indications listed in the guidelines. In light of these issues, the currently requested Voltaren Gel #100 grams is not medically necessary.

Prilosec 20mg # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009). Page(s): 68-69.

Decision rationale: Regarding the request for Prilosec (omeprazole), California MTUS states that proton pump inhibitors (PPI) are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. In the progress report dated 6/24/2014 it was documented that the injured worker was prescribed Celebrex but had stomach pain as a result of taking it. Therefore Nexium 40mg was prescribed for the treatment of dyspepsia due to NSAID use. In the progress note dated 9/22/2014, the treating physician indicated that both Celebrex and Nexium were discontinued the previous visit due to GI issues and Voltaren Gel was prescribed. In the progress report dated 12/5/2014, the treating physician indicated that the injured worker had symptoms of stomach pain and GERD and prescribed Prilosec. However, in this IMR, the medical necessity for Voltaren Gel could not be established and the injured worker is not prescribed or taking any other oral or topical NSAIDs; therefore, a PPI is not indicated at this time. In light of these issues, the requested Prilosec 20mg #30 is not medically necessary.

Neurontin 300mg (quantity unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AED.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009). Page(s): 16-21.

Decision rationale: Regarding request for Neurontin (gabapentin), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that 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. Within the medical records available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. Neurontin was first prescribed on 9/22/2014 and at that time before starting Neurontin, the injured worker rated her pain at 3-4/10 with her current medication. However, in the subsequent visit on 10/22/2014 after starting Neurontin, she rated her pain as 3-5/10 with medication. There was no documentation of a percent reduction in pain with the use of Neurontin. Furthermore, on 10/22/2014 the injured worker was prescribed Neurontin 600mg 1 capsule by mouth twice a day, but on 12/5/2014 the prescription was reduced to Neurontin 300mg 1 capsule by mouth three times a day. There was no rationale provided as to why the medication was being reduced. In the absence of such documentation, medical necessity of the requested Neurontin 300mg cannot be established.