

Case Number:	CM14-0215516		
Date Assigned:	01/02/2015	Date of Injury:	10/03/2007
Decision Date:	02/28/2015	UR Denial Date:	12/05/2014
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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

CLINICAL CASE SUMMARY

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

This 44 year old female worker was injured on 10/03/2007 while being employed. On Physician's Progress Report dated 11/24/2014, she complained of constant pain in her lower back that radiates down her legs bilaterally, and neck pain that radiates down the arm bilaterally which included numbness, tingling, and weakness. The injured worker takes oral pain medications which are noted to allow her to be functional with daily activities of living and a home exercise program. On exam of cervical, thoracic and lumbar spine, she was noted to have tenderness to touch over paraspinal areas and a decreased range of motion. The injured workers gait was noted as antalgic. Her was medication regimen was Gabapentin 600mg, Butrans 20 mcg patch, Norco 10mg/325mg, Cyclobenzaprine HCL 10mg, Gabapentin 300mg, Metformin HCL, Atorvastatin Calcium , Lisinopril and Paxil 40mg. Her diagnoses were: 1) lumbago, 2) pain in thoracic spine, 3) thoracic/lumbosacral neuritis/radiculitis unspec, 4) brachial neuritis or radiculitis, 5) cervicgia, 6) post laminectomy syndrome lumbar region, 7) post laminectomy syndrome cervical region, 8) intervertebral lumbar, thoracic and cervical disc disorder with myelopathy, 9) degeneration of lumbar/lumbosacral, thoracic/thoracolumbar and cervical intervertebral discs. Treatment plan included prescription refills for 60 tablets of Cyclobenzaprine HCL 10mg, 30 capsules of Gabapentin 300mg, 90 tablets of Gabapentin 600mg, 1 carton (4 patches) of Butrans 20mcg and 180 tablets of Norco 10mg/325mg and follow up care. The injured worker was noted to be disabled. This review has two Utilization Reviews (UR) dated 12/05/2014. The first UR non-certified the request for 90 tablets of Gabapentin 600mg, 1 carton (4 patches) of Butrans 20mcg and 180 tablets of Norco 10mg/325mg. The

reviewing physician referred to CA MTUS Guidelines: Chronic Pain Medical Treatment Guidelines, Low Back Complaints and Neck and Upper Back Complaints for recommendations. The second UR non-certified the request for 60 tablets of Cyclobenzaprine HCL 10mg and 30 capsules of Gabapentin 300mg. The reviewing physician referred to CA MTUS Guidelines: Chronic Pain Medical Treatment Guidelines, Low Back Complaints and Neck and Upper Back Complaints for recommendations as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 tablets of Gabapentin 600mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

Decision rationale: According to MTUS guidelines, "Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which 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." "There is no documentation that the patient developed neuropathic pain. There is no documentation prior efficacy of use of gabapentin. There is no previous pain and functional improvement with gabapentin use. Therefore, the request is not medically necessary.

1 carton (4 patches) of Butrans 20mcg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation, Online Edition, Chapter: Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of

chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework."According to MTUS guidelines, Butrans is recommended to treat opiate addiction. There is no clear documentation of patient improvement in level of function, quality of life, adequate follow up or absence of side effects and aberrant behavior with previous use of opioids. The patient continued to have significant pain with Butrans. There is no justification to use multiple opioids. There is no recent documentation of recent opioid addiction. Therefore, the request for carton (4 patches) of Butrans 20mcg is not medically necessary.

180 tablets of Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:"(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework."According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg #100 is not medically necessary.

60 tablets of Cyclobenzaprine HCL 10mg: Upheld

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

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

Decision rationale: According to MTUS guidelines, Cyclobenzaprine a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The guidelines do not recommend to be used for more than 2-3 weeks. In this case, it was not clear if the patient has been using this medication on a regular basis. There was no documentation of objective physical examination of the neck and it is not clear if the patient. Therefore, the request for Cyclobenzaprine HCL 10mg is not medically necessary.

30 capsules of Gabapentin 300mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

Decision rationale: According to MTUS guidelines, "Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which 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."There is no documentation that the patient developed neuropathic pain. There is no documentation prior efficacy of use of gabapentin. There is no previous pain and functional improvement with gabapentin use. Therefore, the request is not medically necessary.