

Case Number:	CM14-0217793		
Date Assigned:	01/07/2015	Date of Injury:	02/17/2009
Decision Date:	03/10/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/29/2014

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

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 was a 58 year old male, who was injured on the job, February 17, 2009. The injured worker suffers from pain in the cervical neck, lower back, left shoulder and bilateral wrists. According to the progress note of August 25, 2014, injured worker rates pain at a 4 out of 10 with pain medication and 7 out of 10 without pain medication; 1 being least pain 10 being the worse pain. The injured worker has poor quality of sleep. The injured worker was taking Cymbalta and Neurontin as needed for neuropathic pain. The injured worker complains that the pain has gotten worse since the decreased dose of Vicodin started. The needle electromyography showed chronic changes in the right and left C7 root distributions muscles and chronic changes in the right APB muscle and right and left carpal tunnel syndrome. The MRI of the left shoulder supraspinatus and infraspinatus mild tendinosis, The rotator cuff tendons and muscles are intact, evidence of posterior -inferior labral degeneration and labral tear, moderate acromioclavicular joint arthrosis , Small bone spurs along the under face of the joint are impinging on the supraspinatus muscle. There was approximately 2mm depression of the muscle by the bone spurs. The MRI of the lumbar spine noted mild decrease disk height, disk desiccation, anterior, lateral and posterior osteophytes with a 4mm broad based left-sided disk protrusion noted at the L2-L3 level. At the protruding disk flattens the ventral aspect of the thecal sac on the left and abuts but does not compress the emerging left L2 nerve root with in the thecal ac as well as the exiting left L2 nerve root within the spinal canal. There was associated mild spinal stenosis, mild to moderate narrowing of the L2 neural foramen and mild narrowing of the L1, meL3 and L4 neural foramina bilaterally. The injured worker was diagnosed with lumbar radiculopathy, lower

back pain, disc disorder cervical, spinal/lumbar degenerative disc disease, wrist pain, sprain of neck and sprain lumbar region. The injured worker was to have anterior decompression and fusion of C5-C6, waiting to be cleared by cardiology for surgery. The injured worker uses a TENS unit to the lower back for pain. According to the progress note of October 27, 2014 the injured worker's pain level with medication was a 4 out of 10 and without pain medication has decreased to 6 out of 10. According to the progress note of December 29, 2014 the injured worker's pain level had decrease to 3 with pain medication and 6 without pain medication. The Vicodin was decreased to #90 per month in August of 2014. The documentation failed to show documentation on how much Neurontin the injured worker was using and its effectiveness when it was being used. On December 12, 2014, the UR denied prescriptions for Vicodin and Neurontin. The denial for Vicodin was based on the MUTS guidelines for Chronic Pain Medical treatment Guidelines for opioid weaning. The denial for Neurontin was based on the MTUS Guidelines for Neurontin. Neurontin should not be taken as a as needed medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5-300mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

Decision rationale: The patient presents with neck pain, lower backache, left shoulder pain, and bilateral wrist pain. The request is for VICODIN 5-300 MG QTY: 90 for breakthrough pain. The patient has been taking this medication as early as 08/25/14. MTUS Guidelines pages 88 and 89 state, "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 4 A's (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. On 10/27/14, he rates his pain as a 4/10 with medications and a 6/10 without medications. On 11/24/14, the patient rated his pain as a 3/10 with medications and a 6/10 without medications. There are "no new problems or side-effects. He states that medications are working well." Although the treater documents pain scales and states that the patient does not have any side effects/aberrant behaviors, not all of the 4 A's are addressed as required by MTUS Guidelines. There are no examples of ADLs which demonstrate medication efficacy. There is no opiate management issues discussed such as CURES report, pain contracts, etc. No outcome measures are provided either as required by MTUS Guidelines. In addition, urine drug screen to monitor for medicine compliance are not addressed. The treating physician has failed to provide the minimum requirements of documentation that are outlined in the MTUS Guidelines for continued opiate use. The requested Vicodin IS NOT medically necessary.

neurontin 400mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16-20.

Decision rationale: The patient presents with neck pain, lower backache, left shoulder pain, and bilateral wrist pain. The request is for NEURONTIN 400 MG QTY: 30 for neuropathic pain. The utilization review denial letter rationale is that "the recent urine drug screen noted absence of gabapentin. Compliance with use of this medication is put into question. Gabapentin is not a PRN medication as the therapeutic dosing and side effect profile does not lend itself to PRN dosing." The patient has been diagnosed with lumbar radiculopathy and has been taking this medication as early as 08/25/14. MTUS Guidelines page 18 and 19 revealed the following regarding gabapentin, "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post therapeutic neuralgia and has been considered a first-line treatment for neuropathic pain." MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. On 10/27/14, he rates his pain as a 4/10 with medications and a 6/10 without medications. On 11/24/14, the patient rated his pain as a 3/10 with medications and a 6/10 without medications. There are "no new problems or side-effects. He states that medications are working well Patient states that he was taking the medication as needed and was not taking on a daily basis, he states that it is helpful at night for sleep." MTUS page 60 requires recording of pain assessment and functional changes when medications are used for chronic pain. It appears that Neurontin has been beneficial to the patient's pain and function. Given the discussion regarding efficacy, the requested Neurontin IS medically necessary.