

Case Number:	CM15-0013570		
Date Assigned:	01/30/2015	Date of Injury:	06/16/2003
Decision Date:	03/26/2015	UR Denial Date:	12/25/2014
Priority:	Standard	Application Received:	01/22/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 (IW) is a 42 year old male who sustained an industrial injury on 06/16/2003. He has reported back pain that increases with activity and is rated a 6 on a scale of one to ten and facial pain with headache. The report of the headache is that it is localized behind the left eye accompanied by sensitivity to light and present nausea. The IW also complains of poor sleep and decreased activity level. Pain is affected by cold weather which makes it worse. Diagnoses include headache/facial pain, and low back pain. Treatments to date include medications and acupuncture. The acupuncture was reported to be not helpful as the IW has a fear of needles and could not relax. A progress note from the treating provider dated 12/04/2014 indicates restricted range of motion in the cervical spine with flexion limited by pain to 40 degrees, and extension limited to 20 degrees. Both right and left lateral bending of the neck is limited to 25 degrees and there is tenderness at the paracervical muscles and rhomboids. Lumbar spine also has limited range of motion with flexion limited to 80 degrees and extension limited to 10 degrees. On 12/25/2014 Utilization Review non-certified a request for Neurontin 400mg # 60 with 1 refill, noting the records do not indicate a diagnosis or subjective or objective findings of neuropathic pain. Tapering had been recommended. As the last review certified #14, the tapering should be complete and no additional prescriptions are necessary. The MTUS Chronic Pain Antiepilepsy drugs (AED's) was cited. On 12/25/2014 Utilization Review modified a request for Norco 10/325mg # 168 with 1 refill to Norco 10/325mg # 168 between 12/04/2014 and 02/20/2015 with no refills noting the patient is being tapered from Oxycodone and it is not recommended to taper two opioids at the same time. The MTUS Chronic Pain, Opioids was cited. On 12/25/2014

Utilization Review modified a request for Oxycodone 15mg # 90 with 1 refill to Oxycodone 15mg #54 between 12/04/2014 and 02/20/2015 with the remaining #36 and 1 refill being non-certified. It was noted that the IW had been on a taper which should continue. The decision was based on review of the available records and cited guidelines. The MTUS Chronic Pain, Opioids was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg # 90 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 92.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "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 nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs."The documentation submitted for review indicates that the injured worker uses this medication very sparingly for severe pain, 5-10 times a month. It was noted that the injured worker was being weaned from Oxycodone. As such, the request is not medically necessary. It should be noted that the UR physician has certified a modification of the request for #54 to facilitate weaning.

Neurontin 400mg # 60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptics (AED's).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-18.

Decision rationale: With regard to antiepilepsy drugs, the MTUS CPMTG states "Fibromyalgia: Gabapentin and pregabalin have been found to be safe and efficacious to treat pain and other symptoms. (Arnold, 2007) (Crofford, 2005) Pregabalin is FDA approved for fibromyalgia."Per MTUS CPMTG, "Gabapentin (Neurontin) 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."Per MTUS CPMTG p17, "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."The documentation submitted for review did not contain evidence of improvement in function. As such, medical necessity cannot be affirmed.

Norco 10/325mg # 168 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "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 nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors).The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs."Per progress report dated 1/29/15, it was noted that the use of this medication decreases the injured worker's pain from 8/10 to 4/10. He stated that with this medication he was able to exercise 3 days a week and do cooking and cleaning. He was able to walk and stand longer with less pain. The medical records contain ongoing urine drug screen reports, which are consistent with prescribed medications. On-going use is supported. The request is medically necessary.