

Case Number:	CM15-0111117		
Date Assigned:	06/22/2015	Date of Injury:	08/04/1994
Decision Date:	07/21/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/09/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

The 56-year-old female injured worker suffered an industrial injury on 08/04/1994. The diagnoses included neck pain, cervical disc degeneration, cervical spinal stenosis and chronic neck pain. The injured worker had been treated with medications. On 5/12/2015, the treating provider reported chronic neck and bilateral upper extremity pain rated 5 to 6/10 without the medications and 9 to 10/10. She reported there was an increase in numbness and tingling in her left wrist. The treatment plan included Gabapentin, Hydrocodone/APAP, and Methadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin tablet 600mg day supply 40 Qty 60; refills; 0: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Gabapentin.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Gabapentin 600mg day supply # 40 quantity #60 with zero refills is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions in fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug (AED). Gabapentin is considered a first-line treatment for neuropathic pain. In this case, the injured worker's working diagnoses are neck pain; degeneration cervical disc; cervical spine stenosis; and chronic pain NEC. The date of injury is August 4, 1994 (21 years prior). The earliest progress note in the medical record containing a gabapentin prescription is dated April 29, 2013. Request for authorization is dated May 7, 2015. If progress note dated May 1, 2015 states the injured worker has subjective complaints of chronic neck pain and bilateral upper extremity pain. Objectively, physical examination was unremarkable except for left side upper extremity to light touch is reduced. There is no documentation demonstrating objective functional improvement. The documentation does not fully detail neuropathic symptoms and signs. Consequently, absent clinical documentation demonstrating objective functional improvement to support ongoing gabapentin with neuropathic symptoms and signs, Gabapentin 600mg day supply # 40 quantity #60 with zero refills is not medically necessary.

Hydroco/Apap tablet 10/325mg day supply; 28 qty 140 refills; 0: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, hydrocodone/APAP 10/325 mg day supply #28 quantity #140 with zero refills is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are neck pain; degeneration cervical disc; cervical spine stenosis; and chronic pain NEC. The date of injury is August 4, 1994 (21 years prior). The earliest progress note in the medical record containing hydrocodone/APAP 10/325 mg is dated August 29, 2006. The request authorization is dated May 7, 2015. A progress note dated May 1, 2015 subjectively states the injured worker has chronic neck pain with bilateral upper extremity pain 5-6/10. Objectively, the physical examination is unremarkable. Left upper extremity to light touch is reduced. There is no documentation demonstrating objective functional improvement to support ongoing, chronic hydrocodone/APAP. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record. There is no documentation of an attempt to wean opiates. Consequently, absent clinical documentation with objective functional improvement, risk assessments and detailed pain assessments and an attempt to wean opiate therapy, hydrocodone/APAP 10/325 mg day supply #28 quantity #140 with zero refills is not medically necessary.

Methadone table 5mg day supply; 20 Qty 90; refills 0: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates, Methadone.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, Methadone 5 mg day supply #20 quantity #90 with zero refills is not medically necessary. Methadone is recommended as a second line drug for moderate to severe pain only if the potential benefit outweighs the risk, unless methadone is prescribed by pain specialists with experience in its use and by addiction specialists where first-line use may be appropriate. The drug is complex and has adverse effects that include respiratory depression and adverse cardiac events. Methadone should be given with caution to patients with decreased respiratory reserve (COPD, asthma, sleep apnea, severe obesity). Methadone is useful when there is evidence of tolerance to other opiate agonists or there are intolerable intractable side effects. For additional details see the guidelines. In this case, the injured worker's working diagnoses are neck pain; degeneration cervical disc; cervical spine stenosis; and chronic pain NEC. The date of injury is August 4, 1994 (21 years prior). The earliest progress note in the medical record containing Methadone 5mg is dated August 29, 2006. The request authorization is dated May 7, 2015. A progress note dated May 1, 2015 subjectively states the injured worker has chronic neck pain with bilateral upper extremity pain 5-6/10. Objectively, the physical examination is unremarkable. Left upper extremity to light touch is reduced. There is no documentation demonstrating objective functional improvement to support ongoing Methadone 5mg. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record. There is no documentation of an attempt to wean opiates. Consequently, absent clinical documentation with objective functional improvement, risk assessments and detailed pain assessments and an attempt to wean Methadone therapy, Methadone 5 mg day supply #20 quantity #90 with zero refills is not medically necessary.