

Case Number:	CM15-0112574		
Date Assigned:	06/19/2015	Date of Injury:	05/21/2000
Decision Date:	07/20/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/11/2015

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: New Jersey, Alabama, 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:

The injured worker is a 45 year old male who sustained an industrial injury on 5/21/2000. He complains of back pain, cramps, sharp pain in all toes and the bottom of feet, occasional numbness in legs, but not constant, low back pain spasms which are somewhat improved with the trigger point injections but continues to have radiating pain more on the right buttock and right lower extremity than the left. Diagnoses are lumbar radiculopathy, low back pain, lumbago, neuralgia/neuritis/and radiculitis, and adjustment disorder. A treating physician progress report dated 10/29/14 notes he is weaning off of Neurontin and starting a trial of Cymbalta for pain in multiple body parts. It is noted that the injured worker is unclear if Neurontin is helpful. He continues on Hydrocodone-Acetaminophen 10-325 mg 1 tablet every 12 hours as needed. A treating physician progress report dated 3/4/15 notes the injured worker reports pain is relatively unchanged with acupuncture. He continues with Cymbalta which helps. Limbs still feel tired but complain that numbness is still a problem from his thighs down to feet and arms most concentrated in left arm digits 3-4. Numbness is worse with prolonged walking. He has difficulty getting up from a seated position and laying down. He has leg cramps at night. Cymbalta has allowed him to decrease the amount of Hydrocodone he takes to once a week. Sleeping is better with nearly 5-6 hours at a time which is an improvement. He still has nightmares but pain counseling helped with relaxation techniques. He walks 4-5 blocks a day, 1-2 hours per day. He has a 15 minute tolerance at a time, then he needs to rest because of foot cramps. Pain is 10/10 over his right upper back and is a very sharp pain. Paresthesias in the right are greater than left digits 3 and 4. Leg paresthesias make him feel like he does not want to

walk, notes weakness in the leg and feels this is slowly progressive over the last year. Physical exam notes range of motion of the cervical spine is full but guarded and painful. Spurling's maneuver on the right side causes pain in the muscles of the neck but has no radicular symptoms. Numbness in digits 3 and 4 is intermittent. Tenderness is noted over the gluteus muscles on both sides, tenderness is noted over piriformis muscle on both sides along the hip abductors. Muscle strength of upper limbs is 5 on both sides and lower limbs are normal except ankle dorsiflexor is 4/5 on the left and the extensor hallucis longus is 4/5 on the left. Straight leg raise is negative. A treating physician progress report dated 4/8/15 notes recent pain is rated as 10/10. He is spending much of the night awake due to pain, usually with occasional nightmares/anxiety. He has finished acupuncture treatments which he reports were minimally helpful for pain. He notes that he is now taking Hydrocodone nearly daily for an increase in pain and he has decreased the Cymbalta to one pill daily. Stating he feels the Cymbalta makes him tired for much of the morning compared to if he does not take it. Work status is that he is permanent and stationary and can work with permanent restrictions. Prior treatment includes Hydrocodone-Acetaminophen, Cymbalta, Ultram, Celebrex, Medrox Ointment, epidural, at least 8 physical therapy visits, home exercise program, chiropractic, and acupuncture. Requested treatments are 1 TENS (transcutaneous electrical nerve stimulation) electrodes, prescription for Gabapentin 100 mg #180 with 1 refill, 1 prescription for Hydrocodone-Acetaminophen 10/325 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TENS electrodes: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous Electrical Nerve Stimulation Page(s): 114-116.

Decision rationale: According to MTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Furthermore, there is no clear evidence of functional improvement with previous use of TENS. There is no recent documentation of recent flare of the pain. Therefore, the request for TENS electrodes is not medically necessary.

1 prescription for Gabapentin 100mg with 1 refill: Upheld

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

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 recent evidence that the patient has a neuropathic pain. Furthermore, the patient was weaned from this medication in October of 2014 due to lack of significant improvement. Therefore, the prescription of Gabapentin 100mg with 1 refill is not medically necessary.

1 prescription for Hydrocodone-Acetaminophen 10/325mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Hydrocodone/Acetaminophen; Weaning of Medications.

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's file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for a long time without documentation of functional improvement or improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg #60 is not medically necessary.