

Case Number:	CM15-0119249		
Date Assigned:	06/29/2015	Date of Injury:	12/29/2000
Decision Date:	07/28/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/19/2015

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 66 year old female, who sustained an industrial injury on 12/19/2000. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having cervical radiculopathy, lumbar intervertebral disc degeneration, lumbar radiculopathy, osteoarthritis of the spinal facet joint, arthropathy of the cervical spine facet joint, carpal tunnel syndrome, shoulder pain, and cubital tunnel syndrome. Treatment and diagnostic studies to date has included magnetic resonance imaging of the cervical spine, status post neck surgery, status post bilateral shoulder surgery, status post low back surgery, use of ice and heat, home exercise program, magnetic resonance imaging of the lumbar spine, and magnetic resonance imaging of the left shoulder. In a progress note dated 05/12/2015 the treating physician reports complaints of posterior neck pain, bilateral arm pain, low back pain, bilateral leg pain, generalized bone aches and joint pain. Examination reveals a slow antalgic gait, tenderness and spasms to the cervical region over the bilateral trapezius and interscapular muscles, a positive Spurling's test, restricted cervical range of motion, lumbar tightness and spasm, restricted lumbar range of motion, positive straight leg raise bilaterally, tenderness to the bilateral shoulder joints, restricted range of motion to the bilateral shoulders, positive Tinel's to the bilateral carpal tunnels and to the left cubital tunnel, and hypesthesia and dysesthesia to the bilateral legs and arms with the right greater than the left. The injured worker's medication regimen included Norco, Elavil, Prilosec, Risperdal, Prozac, Wellbutrin, Baclofen, and Metformin. The injured worker's pain level is rated a 7 to 8 out of 10 with her current medication regimen along with a pain rating of a 9 out of 10 that is not specified

to be with or without her medication regimen. The treating physician notes that the injured worker's medication regimen provides the benefits of a reduction in pain, increased activity tolerance, and partial restoration of functioning allowing the injured worker to perform activities of daily living. The treating physician requested the medications of Norco 10/325mg with a quantity of 90 and Baclofen with a quantity of 90 with 3 refills noting current use of these medications as noted above. The treating physician also requested the medication Neurontin 300mg with a quantity of 90 with 3 refills with the treating physician noting the injured worker to have chronic arthritis that includes bone aches and joint pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg #90 with 3 refills: 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, Neurontin has been shown to be effective for the treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered to be first line treatment for neuropathic pain. Continuous use of Neurontin cannot be certified without documentation of efficacy. Therefore the request for NEURONTIN 300MG #90 with 3 refills is not medically necessary.

Norco 10/325mg #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): 76-79.

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 longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg #90 is not medically necessary.

Baclofen #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen Page(s): 65.

Decision rationale: According to MTUS guidelines, a non sedating muscle relaxant is recommended with caution as a second line option for short term treatment of acute exacerbation in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. Baclofen is usually used for spasm in spinal cord injury and multiple sclerosis. There no clear evidence of acute exacerbation of spasticity in this case. Continuous use of baclofen may reduce its efficacy and may cause dependence. Therefore, the request for BACLOFEN #90 with 3 refills is not medically necessary.