MAXIMUS Federal Services

Case Number:	CM15-0120623		
Date Assigned:	07/01/2015	Date of Injury:	11/14/2001
Decision Date:	08/07/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/22/2015

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: Arizona, Michigan
Certification(s)/Specialty: Preventive Medicine, Occupational 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 67-year-old female, with a reported date of injury of 11/14/2001. The mechanism of injury was not indicated. The injured worker's symptoms at the time of the injury were not indicated. The diagnoses include trochanteric bursitis, hip/pelvic pain, left sacroiliac joint dysfunction, low back pain, sciatica, lumbar/thoracic radiculitis, and lumbar/sacral disc degeneration. Treatments and evaluation to date have included oral medications, injections at the left sacroiliac joint, trochanteric bursa, and piriformis, therapy, and topical medication. The diagnostic studies to date were not indicated. The progress report dated 05/14/2015 indicates that the injured worker had low back, leg, and right knee pain. It was noted that the medications were working but she did not get enough due to surgery. Without medications, the injured worker was unable to wash her own hair, do housework of any kind, and was very limited in walking ability. The injured worker's pain was rated 7 out of 10 with medication. The physical examination showed no nausea, vomiting, or constipation; sweating, but no itching; anxiety; depression; tenderness of the cervical spine; decreased cervical spine range of motion; tenderness at the bilateral shoulder subacromial space; pain with bilateral shoulder resisted abduction; tenderness at the bilateral knee joint line; decreased bilateral knee range of motion; positive McMurray's test of bilateral knees; tenderness at the lumbar spine; tenderness at the facet joint; decreased lumbar range of motion; tenderness of the left sacroiliac joint; and tenderness at the left greater trochanter. The treatment plan included the continuation of the medications. It was noted that the medications were working to allow the injured worker to function well; the Duragesic patches allow her to walk more, care for herself, and to do light housework. The progress report

dated 04/02/2015 indicates that the injured worker was stable on her current medications, and she had no side effects from the medications. She complained of back pain, hip pain, and knee pain. The injured worker's pain was rated 6 out of 10. She complained of sweating, but denied itching; and depression and anxiety. The injured worker was permanently disabled. The treating physician requested Atarax, Duragesic patches, Gabapentin, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Atarax 50 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians' Desk Reference (PDR.net) / Hydroxyzine.

Decision rationale: Per the Physicians' Desk Reference, hydroxyzine is an antihistamine used in the management of anxiety and tension as well as allergic conditions. However, a review of the injured workers medical records did not reveal a rationale for the use of Atarax (hydroxyzine) neither was there any documentation of any type of benefit or improvement in function as a result of the use of this medication and without this information it is not possible to determine if continued use is medically necessary, therefore the request for Atarax 50 mg #90 is not medically necessary.

Duragesic 75 mcg/hr patches #15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl and Opioids Page(s): 47 and 74-96.

Decision rationale: Duragesic patches (Fentanyl) are long-acting opioid analgesics. The CA MTUS Chronic Pain Guidelines indicate that Duragesic is indicated for the management of persistent chronic pain that is moderate to severe, and required continuous, around-the-clock opioid therapy. The injured worker has been diagnosed with lumbar radiculitis. The guidelines indicate that "a recent study found that chronic lumbar radicular pain did not respond to either a tricyclic antidepressant or opioid in doses that have been effective for painful diabetic neuropathy or post herpetic neuralgia." The patches have been prescribed since at least 04/02/2015 according to the medical records. The guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Ongoing management should reflect four domains of monitoring, including

analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief from the opioids used to date. The injured worker's work status remained the same. Therefore, the request for Duragesic patches is not medically necessary.

Gabapentin 300 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) and Gabapentin (Neurontin) Page(s): 16-19 and 49.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that Gabapentin is an anti-epilepsy drug, which has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Anti-epilepsy drugs are recommended for neuropathic pain. The injured worker has been diagnosed with lumbar radiculitis; however, there is no evidence that the injured worker had neuropathic pain. The injured worker had been taking Gabapentin since at least 04/02/2015. One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. The patient should be asked at each visit as to whether there has been a change in pain or function. There was no documentation that the injured worker's pain or function had been discussed. The guidelines also indicate that Gabapentin should not be abruptly discontinued, although this recommendation is made based on seizure therapy. Weaning and/or switching to another drug in this class should be done over the minimum of a week. Therefore, the request for Gabapentin is not medically necessary.

Norco 10/325 mg #240: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that Norco is indicated for moderate to moderately severe pain. The Norco was prescribed on about 04/02/2015 according to the medical records. The guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain

after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. There is insufficient evidence that the treating physician is prescribing opioids according to the guidelines. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief from the opioids used to date. The injured worker's work status remained the same. Therefore, the request for Norco is not medically necessary.