

Case Number:	CM15-0128258		
Date Assigned:	07/15/2015	Date of Injury:	07/02/2003
Decision Date:	09/11/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/03/2015

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 55 year old male, who sustained an industrial injury on July 2, 2003. He reported neck, upper extremity pain and low back pain. The injured worker was diagnosed as having neck pain, cervical degenerative disc disease, cervical radiculopathy, failed back surgery syndrome of the cervical and lumbar spine, low back pain, lumbar radiculopathy, lumbar degenerative disc disease, myofascial pain syndrome, depression secondary to chronic pain and constipation secondary to pain medication, improved. Treatment to date has included diagnostic studies, cervical epidural steroid injection, physical therapy, medications and work restrictions. Currently, the injured worker complains of continued pain in the neck, upper extremities and low back with radicular symptoms in the bilateral lower extremities. He continued to note depression secondary to chronic pain. The injured worker reported an industrial injury in 2003, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on February 2, 2015, revealed continued pain as noted. He reported taking Soma before however it was no longer prescribed by his physician secondary to high risk of addiction. It was noted he was doing well with his medications and they reduced his pain by 50% however there was no numerical pain scale included in the document. MS Contin, Percocet and Neurontin were continued for pain. Zanaflex was increased for neuropathic pain. Urinary drug screens were administered however the results were not described by the physician as appropriate or inappropriate. Evaluation on April 6, 2015, revealed continued pain with no visual analog scale (VAS) to rate the pain. He described his low back pain as more severe, the lower extremity pain as more than before and complained of ongoing constipation. Evaluation on June 8, 2015, revealed decreased sensation to pinprick and light touch in the cervical 6

dermatomes, decreased range of motion in the cervical spine, positive Spurling's test, cervical distraction test and cervical axial compression test. Shoulder, elbow and wrist range of motion was noted as normal with negative tests. Reflex and motor examinations were negative. Thoracolumbar range of motion was decreased and the straight leg test was mildly positive. Lower extremity examination revealed no decreased range of motion. It was noted he used a cane to ambulate and was noted to have an antalgic gait. Computed tomography of the cervical spine revealed degenerative changes, disc protrusion and evidence of surgical intervention. MS Contin 30 MG #60 with 2 Refills, Neurontin 600 MG #90 with 2 Refills and Percocet 10/325 MG #120 with 2 Refills were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600 MG #90 with 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin Page(s): 16.

Decision rationale: According to the California (CA) MTUS Guidelines, Gabapentin (Neurontin) is shown to be effective for the treatment of diabetic neuropathy and post-herpetic neuralgia and has been considered a first line treatment for neuropathic pain. The documentation provided did not include evidence of improved function or documentation of efficacy of the medication. Ongoing assessments of pain and function supported with tools of measurement were not provided. The reports consistently were without a numerical pain rating or description. In addition, it was noted he was prescribed Zanaflex for neuropathic pain with good results. For these reasons, Neurontin 600 mg #90 with 2 refills is not medically necessary.

MS Contin 30 MG #60 with 2 Refills: 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): 74-96.

Decision rationale: The California (CA) MTUS Guidelines recommend MS Contin for controlling pain after failed trials of a first-line agent. To continue use of this medication, ongoing monitoring of the four A's (analgesia, activities of daily living, adverse side effects and aberrant drug behavior) must be documented. It was noted in the documentation the injured worker had been using MS Contin to relieve pain for at least four months. The analgesic effect of the medication was noted to improve pain by 50% however no visual analog scale (VAS) was provided to further objectify the level of pain or to compare the pain levels from one visit to the

next. It was noted there were adverse side effects from the medication including ongoing constipation. There was no noted functional improvement or increase in activities noted. He continued to have decreased range of motion in the cervical and thoracolumbar spine and continued to require a cane for ambulation. He noted continued depression secondary to chronic pain and continued to require sleep aides. There were no noted aberrant drug behaviors. The four A's were not well documented and the injured worker continued to show no functional improvement. For these reasons, MS Contin 30mg #60 with 2 refills is not medically necessary.

Percocet 10/325 MG #120 with 2 Refills: 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): 74-96.

Decision rationale: The California (CA) MTUS Guidelines recommend Percocet for controlling pain after failed trials of a first-line agent. To continue use of this medication, ongoing monitoring of the four A's (analgesia, activities of daily living, adverse side effects and aberrant drug behavior) must be documented. It was noted in the documentation the injured worker had been using Percocet to relieve pain for at least four months. The analgesic effect of the medication was noted to improve pain by 50% however no visual analog scale (VAS) was provided to further objectify the level of pain or to compare the pain levels from one visit to the next. It was noted there were adverse side effects from the medication including ongoing constipation. There was no noted functional improvement or increase in activities noted. He continued to have decreased range of motion in the cervical and thoracolumbar spine and continued to require a cane for ambulation. He noted continued depression secondary to chronic pain and continued to require sleep aides. There were no noted aberrant drug behaviors. The four A's were not well documented and the injured worker continued to show no functional improvement. For these reasons, Percocet 10/325mg #120 with 2 refills is not medically necessary.