

Case Number:	CM15-0148619		
Date Assigned:	08/13/2015	Date of Injury:	05/12/2011
Decision Date:	11/03/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/30/2015

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 54 year old female who sustained an industrial injury on 05-12-2011. Current impression includes forearm tendonitis, wrist tendonitis, elbow tendonitis, status post bilateral carpal tunnel release with persistent symptoms, bilateral cubital tunnel release with persistent symptoms, myalgia, chronic pain syndrome, and severe depression. Report dated 06-24-2015 noted that the injured worker presented with complaints that included upper extremity pain with numbness and tingling in the fourth and fifth fingers. The injured worker stated that the pain has increased since becoming more physically active. Pain level was 7 (without medications) and 4 (with medications) out of 10 on a visual analog scale (VAS). The physician noted that "functional improvements with medications include swimming and hiking. She is trying to stay active." Prior medications tried and failed include Cymbalta and Lexapro. Physical examination performed on 06-24-2015 revealed continued hypersensitivity in the upper extremities from the forearms to the wrists with tenderness at the medial and lateral epicondyle, Tinel's is positive, and sensation is decreased in the fourth and fifth fingers. Previous diagnostic studies include a urine toxicology. Previous treatments included medications, psychological evaluation and treatment, surgical interventions, and breathing exercises. The treatment plan included giving the patient information on central sensitization and use of medication, discussed progressive muscle relaxation and ways to calm down the central nervous system, discussed medications, CURES report from 06-18-2015 was consistent, urine toxicology screening on 05-27-2015 was consistent with prescribed medications, a signed opiate agreement is in the chart, written prescription for Lyrica was given, dispensed gabapentin to use when the Lyrica is

delayed, and other medications prescribed included Norco and Tramadol. The utilization review dated 07-06-2015, modified the request for 120 tablets of Norco 10/325mg, 60 tablets of Tramadol 150mg, 90 tablets of Neurontin 600mg, and 120 tablets of Lyric 75mg with 4 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 tablets of Norco 10/325mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Per the MTUS, opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances, Opioids should be continued if the patient has returned to work or has improved functioning and pain. Ongoing management actions should include prescriptions from a single practitioner, taken as directed and all prescriptions from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. Documentation should follow the 4 A's of analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Long term users of opioids should be regularly reassessed. In the maintenance phase the dose should not be lowered if it is working. Also, patients who receive opioid therapy may sometimes develop unexpected changes in their response to opioids, which includes development of abnormal pain, change in pain pattern, persistence of pain at higher levels than expected when this happens opioids can actually increase rather than decrease sensitivity to noxious stimuli. It is important to note that a decrease in opioid efficacy should not always be treated by increasing the dose or adding other opioids, but may actually require weaning. A review of the injured workers medical records reveal documentation of pain and functional improvement with the use of her medications, ongoing management actions were also documented according to guideline recommendations. The continued use of Norco is appropriate, therefore the request for 120 tablets of Norco 10/325mg is medically necessary.

60 tablets of Tramadol 150mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list.

Decision rationale: The MTUS states that tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Opioids are recommended for chronic pain, especially neuropathic pain that has not responded to first line recommendations like antidepressants and anticonvulsants. Long terms users should be reassessed per specific

guideline recommendations and the dose should not be lowered if it is working. Per the MTUS, Tramadol is indicated for moderate to severe pain. A review of the injured workers medical records reveal documentation of pain and functional improvement with the use of her medications, ongoing management actions were also documented according to guideline recommendations. The continued use of Tramadol is appropriate, therefore the request for 60 tablets of Tramadol 150mg is medically necessary.

90 tablets of Neurontin 600mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Per the MTUS, antiepilepsy drugs are recommended for neuropathic pain. Gabapentin is considered first line treatment for neuropathic pain. The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions. A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. (Eisenberg, 2007) (Jensen, 2006) After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. A review of the injured workers medical records reveal documentation of pain and functional improvement with the use of her medications. The continued use of Neurontin in combination with Lyrica is supported by the guidelines, therefore the request for 90 tablets of Neurontin 600mg is medically necessary.

120 tablets of Lyric 75mg with 4 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Per the MTUS, antiepilepsy drugs are recommended for neuropathic pain. Gabapentin is considered first line treatment for neuropathic pain. The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions. A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered

first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. (Eisenberg, 2007) (Jensen, 2006) After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. A review of the injured workers medical records reveal documentation of pain and functional improvement with the use of her medications. The continued use of Neurontin in combination with Lyrica is supported by the guidelines, therefore the request for 120 tablets of Lyrica 75mg with 4 refills is medically necessary.