

Case Number:	CM15-0170796		
Date Assigned:	09/11/2015	Date of Injury:	01/11/2007
Decision Date:	10/30/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/31/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 50 year old woman sustained an industrial injury on 1-11-2007. The mechanism of injury is not detailed. Diagnoses include cervical radiculopathy, depressive disorder, mydriasis not due to mydriatics, cervical disc disorder without myelopathy, right bicipital long-head tenosynovitis, right subdeltoid bursitis, somatic dysfunction of the cervical region, gait instability, and abnormal posture with mild protraction of the neck. Treatment has included oral medications, use of a cane, and transforaminal cervical spine epidural steroid injections. Physician notes dated 7-21-2015 show complaints of neck pain rated 8 out of 10 with cramping, loss of range of motion, numbness, stiffness, and bilateral upper extremity tingling and spasms. The physical examination shows limited range of motion, muscle spasms, and stiffness to the cervical spine described as unchanged since the last visit; headaches; involuntary tremors; moderately depressed; awkward gait with assistance from a cane; healed posterior cervical spine surgical scar; moderate tight band; moderate spasm; moderate hypertonicity; worsened moderate tenderness to the bilateral cervical paraspinal muscles; positive Spurling's maneuver at C7 and C8; worsened diminished sensation with dyesthesias, hyperpathia, and paresthesias along C7 and C8 root distribution; and non-sustained clonus reflex at the bilateral biceps, bilateral brachioradialis, and bilateral triceps. Recommendations include continue home exercise program, Naprosyn, Norco, Neurontin, Orphenadrine Citrate, bilateral cervical and cervicothoracic transforaminal epidural steroid injections, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600 MG #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Regarding request for gabapentin (Neurontin), Chronic Pain Medical Treatment Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that 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. Within the documentation available for review, there is identification of neuropathic pain, analgesic benefit and objective functional improvement. As such, the currently requested gabapentin (Neurontin) is medically necessary.

Methadone Hcl 10 MG #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: Regarding the request for Methadone, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects. It is acknowledged, that there should be more recent documentation of analgesic efficacy and objective improvement. Additionally, there should be better documentation of analgesic efficacy and objective functional improvement specifically attributable to methadone. However, a one-month prescription, as requested here, should allow the requesting physician time to better document those things. In light of the above, the currently requested Methadone is medically necessary

Naproxen 500 MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: Regarding the request for Naproxen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is identification that this medicine is providing analgesic benefits and objective functional improvement. Additionally, no intolerable side effects were reported. As such, the currently requested Naproxen is medically necessary.

Norco 10-325 MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: Regarding the request for Norco, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects. It is acknowledged, that there should be more recent documentation of analgesic efficacy and objective improvement. However, a one-month prescription, as requested here, should allow the requesting physician time to better document those things. In light of the above, the currently requested Norco is medically necessary.

Orphenadrine ER 100 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Regarding the request for orphenadrine (Norflex), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that orphenadrine specifically is recommended for a short course of therapy. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested orphenadrine (Norflex) is not medically necessary.