

Case Number:	CM15-0177657		
Date Assigned:	09/18/2015	Date of Injury:	05/19/2014
Decision Date:	10/21/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/09/2015

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: Family Practice

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 37 year old female who sustained an industrial lifting injury on 05-19-2014. The injured worker was diagnosed with cervical sprain and strain, rule out herniated nucleus pulposus, degenerative disc disease C5-6 and bilateral carpal tunnel syndrome. According to the primary treating physician's progress report on August 11, 2015, the injured worker continues to experience neck and left shoulder pain. Examination of the cervical spine demonstrated midline head position with normal sitting posture. There was no tenderness or spasm at the base of the occiput, along the spine or interspinous ligaments, paracervical or levator muscles. Minimal tenderness with increased tone over the trapezii was noted. Range of motion was documented as chin to chest flexion, extension at 3 finger breadths, bilateral lateral flexion and rotation within normal limits without tightness or discomfort. Sensation, muscle bulk and strength were within normal limits from C5-T1 distribution. Brachioradialis reflexes were trace, symmetrical and equal bilaterally with negative Tinel's and Phalen's bilaterally. Prior treatments documented to date have included diagnostic testing with cervical spine magnetic resonance imaging (MRI) on April 18, 2015, electrodiagnostic studies on May 21, 2015, chiropractic therapy (6 sessions), acupuncture therapy (8 sessions), C-collar and medications. Current medications were listed as Norco 5-325mg, one tablet 4 times a day as needed and Relafen 750mg twice a day. Treatment plan consists of pain management follow-up and possible cervical spine epidural steroid injection, continuing with medication regimen and remaining on temporary total disability (TTD) and the current request for increasing Norco and adding Gralise. The Utilization Review determined the request for Gralise #60 and Norco 7.5mg-325mg #60 was not medically necessary on 08-14-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gralise #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): Anti-epilepsy drugs (AEDs).

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of anti-epilepsy drugs including gabapentin (also known as the brand name Gralise). Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. In this case, there is good evidence that a component of the patient's symptoms is due to a neuropathic component. The results of the MRI done in April, 2015 and the MRI done in May, 2015 are consistent with a right C6/7 neuropathy. Under these conditions, a trial of gabapentin is indicated. These MTUS guidelines comment on the outcome measures that should be documented in order to determine whether ongoing use is indicated. These outcome measures are as follows: "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. 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. In summary, there is objective evidence from imaging and electrodiagnostic studies to indicate a right-sided C6/7 neuropathy. A trial of gabapentin is supported by the above cited MTUS guidelines. Gralise is medically necessary.

Norco 7.5/325mg #60: 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): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids, long-term assessment.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids, including Norco. These guidelines have established criteria of the use of opioids for the ongoing management of pain. Actions should include: prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased

pain, increased level of function, or improved quality of life. There should be evidence of documentation of the "4 A's for Ongoing Monitoring". These four domains include: pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). Finally, the guidelines indicate that for chronic pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (Page 80). Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the "4 A's for Ongoing Monitoring". The treatment course of opioids in this patient has extended well beyond the timeframe required for a reassessment of therapy. In summary, there is insufficient documentation to support the chronic use of an opioid in this patient. Ongoing treatment with Norco is not medically necessary.