

Case Number:	CM15-0067942		
Date Assigned:	04/15/2015	Date of Injury:	12/26/2002
Decision Date:	05/20/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/09/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 60-year-old male, who sustained an industrial injury on December 26, 2002. The injured worker was diagnosed as having wrist joint pain, hand joint pain, cervical spine strain, thoracic degenerative disc disease, cervicgia, thoracic radiculitis, and thoracic pain. Treatment to date has included lumbar fusion, physical therapy, bracing, and medication. Currently, the injured worker complains of worsening bilateral hand, wrist and forearm pain with tingling and numbness radiating from the bilateral wrists and hands to the forearms and elbows bilaterally, and low back pain with radiation to the bilateral lower extremities. The Treating Physician's report dated February 13, 2015, noted the injured worker reported that without his pain medication he was mostly bedridden due to pain, with pain medications allowing him to perform activities of daily living (ADLs). Current medications were listed as Norco and Senna. Physical examination was noted to show decreased range of motion (ROM) of the neck due to pain, with pain with rotation, flexion, and hyperextension and tenderness noted. The back was noted to have tenderness to palpation in the lumbar spine area with decreased range of motion (ROM) due to pain, loss of lumbar lordosis, and positive facet loading. The injured worker was noted to have a deformity of the third right digit, tender and decreased grip strength and radiating pain from the bilateral wrists to the elbows. The treatment plan was noted to include medications reviewed and refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list - Hydrocodone/Acetaminophen; Opioids, long-term assessment - Long-term Users of Opioids (6-months or more); Opioids, criteria for use - 6) When to Discontinue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain.

Decision rationale: ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "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." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Previous UR have modified for a wean and have denied the request. As such, the request for Norco 10/325mg # 180 is not medically necessary.

Gralise 600mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs); Gabapentin (Neurontin). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Gralise (gabapentin enacarbil ER).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Anti-epilepsy drugs (AEDs) for pain, Gabapentin (Neurontin) 1/2).

Decision rationale: The MTUS considers Gabapentin as a first-line treatment for neuropathic pain and effective for the treatment of spinal cord injury, lumbar spinal stenosis, and post op pain. MTUS also recommends a trial of Gabapentin for complex regional pain syndrome. Gralise is a once a day formulation of gabapentin. ODG states "Recommended Trial Period: One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based

treatment algorithms for diabetic neuropathy suggests that if inadequate control of pain is found, a switch to another first-line drug is recommended." Additionally, ODG states that Gabapentin "has been shown to be effective for treatment of diabetic painful neuropathy and post-therpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Based on the clinical documentation provided, there is no evidence of neuropathic type pain or radicular pain on exam or subjectively. Also, there is no evidence of a trial of the shorter acting gabapentin with a documented clinical response. The long acting preparation is not currently recommended by the MTUS. As such, without any evidence of neuropathic type pain, the request for Gralise 600mg #90 is not medically necessary.