MAXIMUS Federal Services

Case Number:	CM15-0069020		
Date Assigned:	04/16/2015	Date of Injury:	08/01/1996
Decision Date:	06/26/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/13/2015

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: 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 59-year-old male, who sustained an industrial injury on 8/1/96. Initial complaints of injury are not noted. The injured worker was diagnosed as having carpal tunnel syndrome bilaterally; bilateral upper extremity neuropathic pain. Treatment to date has included urine spinal cord stimulator; drug screening; medications. Currently, the PR-2 notes dated 3/3/15 indicated the injured worker continues to complain of increased pain. He has significant increase with the reduction of his medications. His hands are trembling due to pain. He is not able to concentrate with the higher pain and is not sleeping. We reduced the OxyContin to 10mg every 8 hours. He is in more pain. He is unable to work or exercise with more pain and waiting on a stimulator revision in order to again regain adequate analgesia. His urine drug screening of 12/3/14 is consistent for prescribed medications without aberrancy. His pain levels are noted to be 8/10. The provider's treatment plan includes continued request for the implant of the spinal cord stimulator revision and medications. The documentation from PR-2 notes dated 1/5/15 indicated the stimulator revision was authorized but the provider is waiting for a surgical date two months later. PR-2 notes going back as far as 2/3/14 indicated the stimulator was not covering the pain and was possibly not working properly causing continued use of opioids and an increase in need. The Utilization Review modified these medications: Percocet 10/325mg #120 modified to #60 for weaning; Gabapentin 600mg #90 modified to #45 for weaning; Cymbalta 60mg #60 modified to #30 for weaning and Oxycontin 10mg #90modified to #45 for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Section Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker had been taking Percocet for an extended period, however, per available documentation, his pain levels are increasing. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Percocet 10/325mg #120 is determined to not be medically necessary.

Gabapentin 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs, Gabapentin Page(s): 16-18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Section Page(s): 16-21.

Decision rationale: The MTUS Guidelines recommend the use of antiepilepsy drugs for neuopathic pain. Most randomized controlled trials for the use of antiepilepsy drugs for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy, with polyneuropathy being the most common example. There are few RCTs directed at central pain, and none for painful radiculopathy. A good response to the use of antiepilepsy drugs 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 to this magnitude may be the trigger for switching to a different first line agent, or combination therapy if treatment with a single drug 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 antiepilepsy drugs depends on improved outcomes verus tolerability of adverse effects. 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. The injured worker has been taking Gabapentin for an extended period without significant increase in function or decrease in pain. The injured workers pain levels have actually increased over the course of treatment with Gabapentin. The request for Gabapentin 600mg #90 is determined to not be medically necessary.

Cymbalta 60mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective Serotonin & Norepinephrine Inhibitors (SNRIs) Section Duloxetine (Cymbalta) Section Page(s): 49-50.

Decision rationale: Per MTUS guidelines, Cymbalta is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. (Dworkin, 2007) No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. More studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. Side effects include: CNS: dizziness, fatigue, somnolence, drowsiness, anxiety, insomnia, nausea and vomiting, and weight loss. The injured worker has been prescribed Cymbalta for an extended period, however, his pain levels have continued to increase. The request for Cymbalta 60mg #60 is determined to not be medically necessary.

Oxycontin 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Section Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker had been taking Percocet for an extended period, however, per available documentation, his pain levels are increasing. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Oxycontin 10mg #90 is determined to not be medically necessary.