

Case Number:	CM13-0020820		
Date Assigned:	10/11/2013	Date of Injury:	08/30/2000
Decision Date:	01/17/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in physical medicine and rehabilitation, and is licensed to practice in California. 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 physician 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/services.

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 patient is a 56-year-old male who reported an injury on 08/30/2000. His diagnoses include lumbar degenerative disc disease, lumbar facet osteoarthritis, failed neck surgery syndrome, status post C5-6 and C6-7 fusions, lumbar radiculopathy, cervical radiculopathy/cervicalgia, bilateral shoulder degenerative joint disease, status post surgery on 09/12/2013. His symptoms include low back pain, neck pain, and left shoulder pain. Objective findings include tenderness to palpation of his paraspinal muscles from C3-T1, tenderness to palpation and tightness of his bilateral trapezii, decreased range of motion of the cervical spine, tenderness to palpation and tightness of the lumbosacral region from L2-L5, bilateral sacroiliac joints, and upper buttocks, decreased range of motion of the lumbar spine, tenderness to palpation of bilateral shoulders, decreased range of motion of bilateral shoulders, and mild dysesthesia in bilateral feet and lateral calves. The patient's medications include Methadone 5mg twice daily, Percocet 10/325mg four times per day, Neurontin 600mg three times per day, Motrin 800mg three times per day, Nortriptyline 50mg every bedtime, Prilosec 20mg daily, and Zanaflex 4mg twice daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet, 10 gm, 120 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80-82.

Decision rationale: The patient was noted to have symptoms to include low back pain, neck pain, and left shoulder pain. His medications include Methadone 5mg twice daily, Percocet 10/325mg four times per day, Neurontin 600mg three times per day, Motrin 800mg three times per day, Nortriptyline 50mg every bedtime, Prilosec 20mg daily, and Zanaflex 4mg twice daily. The patient was noted to be generally unimpaired by medication side effects but does report some constipation, which has been reduced with the use of stool softeners and Senekot. The Chronic Pain Medical Treatment Guidelines states that a study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. For use of opioids for chronic pain, improvements in a wide range of outcomes should be evaluated, including measures of functioning, appropriate medication use, and side effects. Specific documentation required by the guidelines includes the patient's 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. The use of Percocet, an opioid, for treatment of the patient's chronic pain is not supported by guidelines due to lack of documentation of prior treatment, including first-line medications, and lack of documentation of the patient's outcomes related to use of this medication. Therefore, the requested service is non-certified. The request for Percocet, 10 gm, 120 count, is not medically necessary.

Neurotonin, 600mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin and Antiepilepsy Drugs Page(s): 49, 16-19.

Decision rationale: The patient was noted to have symptoms to include low back pain, neck pain, and left shoulder pain. His diagnoses include lumbar degenerative disc disease, lumbar facet osteoarthritis, failed neck surgery syndrome, lumbar radiculopathy, cervical radiculopathy/cervicalgia, bilateral shoulder degenerative joint disease. His medications include Methadone 5mg twice daily, Percocet 10/325mg four times per day, Neurontin 600mg three times per day, Motrin 800mg three times per day, Nortriptyline 50mg every bedtime, Prilosec 20mg daily, and Zanaflex 4mg twice daily. The Chronic Pain Medical Treatment Guidelines state that the anti-epilepsy drug, Gabapentin (Neurontin), has been shown to be effective for diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. However, the guidelines state that anti-epilepsy drugs are not recommended for central pain, painful radiculopathy, axial low back pain, or myofascial pain as there is insufficient evidence of benefit for these conditions. Additionally, for patients who are being prescribed an anti-epilepsy drug, the guidelines require documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The patient does not have any diagnoses that would support the use of an anti-epilepsy drug such as Neurontin. Furthermore, there was no documentation of the patient's outcome from this medication, including pain relief, increased function, and side effects, as required by the

guidelines. Therefore, the requested service is non-certified. The request for Neurotonin, 600mg, is not medically necessary or appropriate.

Motrin 800 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68, 72.

Decision rationale: The patient was noted to have symptoms to include low back pain, neck pain, and left shoulder pain. His medications include Methadone 5mg twice daily, Percocet 10/325mg four times per day, Neurontin 600mg three times per day, Motrin 800mg three times per day, Nortriptyline 50mg every bedtime, Prilosec 20mg daily, and Zanaflex 4mg twice daily. The Chronic Pain Medical Treatment Guidelines state that Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), such as Motrin, is recommended as a second-line treatment after acetaminophen for back pain. The guidelines specify that for patients with axial low back pain, studies revealed that NSAIDs were not more effective than acetaminophen for acute low-back pain, and that acetaminophen had fewer side effects. For patient's with chronic low back pain, California MTUS Guidelines recommend Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) as an option for short-term, not long-term, symptomatic relief. Additionally, in regard to the dosing of Motrin, the guidelines state that for mild to moderate pain, dosing is recommended at 400 mg PO every 4-6 hours as needed, and it is specified that doses greater than 400 mg have not provided greater relief of pain. The patient has documented chronic back pain and was noted to be taking Motrin 800mg three times per day. The Chronic Pain Medical Treatment Guidelines do not support the long-term use of Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) for chronic back pain and state that these medications should only be used after the failure of Acetaminophen. There was no documentation submitted that addressed whether Acetaminophen was tried and failed. Furthermore, the patient's dose exceeds that recommended by the guidelines. For these reasons, the requested service is non-certified. The request for Motrin, 800 mg, is not medically necessary or appropriate.