

Case Number:	CM14-0101899		
Date Assigned:	07/30/2014	Date of Injury:	06/06/2001
Decision Date:	09/29/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/02/2014

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. The expert reviewer is Board Certified in Occupational Medicine 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 54 year old patient had a date of injury on 6/6/2003. The mechanism of injury was not noted. In a progress noted dated 6/9/2014, subjective findings included 7-9/10 pain, characterized as sharp, dull, throbbing, burning, aching, electricity and pains and needles. On a physical exam dated 6/9/2014, objective findings included decreased range of motion in neck, chills and fever. Patient is alert and oriented. Diagnostic impression shows post laminectomy syndrome of the cervical spine, cervicgia, spasm of muscle, brachial neuritis, depression and insomnia. Treatment to date: medication therapy, behavioral modification. A UR decision dated 6/18/2014 denied the request for Effexor XR 75mg #30 stating no depression was documented on a physician examination. Neurontin 500mg #90x1 was denied, stating no documentation of neuropathic pain. Ibuprofen 800mg #90x1 was denied, stating no functional benefit has been achieved with this medication. Nuvigil 150mg#30x1 was denied, stating since ongoing opioid treatment is not supported, so there would be no need for this medication. Fentanyl 50mcg/hr#15 and Methadone 10mg#120 was denied, stating that long term use of opioids are not supported and pain coping skills have not been addressed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Effexor XR 75mg, #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that antidepressants are "recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain." In addition, ODG identifies that anxiety medications in chronic pain are recommended for diagnosing and controlling anxiety as an important part of chronic pain treatment. In a progress report dated 6/9/2014, the patient is diagnosed with depression and chronic pain. He subjectively notes that the medications are working well and helps with daily functioning. Therefore, the request for Effexor XR 75mg #30 is medically necessary.

Gralise 600mg, #90 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18. Decision based on Non-MTUS Citation FDA:Neurontin.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be "effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." In a progress report dated 6/9/2014, the patient is noted to have burning, tingling sensation, with electricity and pins and needles, with the medications working well. Therefore, the request for Neurontin 600mg #90 x1 is medically necessary.

Ibuprofen 800mg, #90 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDS.

Decision rationale: CA MTUS states that NSAIDs are "effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems." Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is "inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain." In this case, this patient has been taking ibuprofen since at least 4/15/2014, and guidelines do not support long term use. Furthermore, the patient is noted to be on Neurontin as well as Effexor to control his depression and pain. Therefore, the request for Ibuprofen 800mg #90 x1 is not medically necessary.

Nuvigil 150mg, #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: CA MTUS does not address this issue. ODG states that Nuvigil is not "recommended solely to counteract sedation effects of narcotics." Armodafinil is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. It is very similar to Modafinil. Studies have not demonstrated any difference in efficacy and safety between Armodafinil and Modafinil. In this case, there would be no need for this medication, as the narcotics were not approved by the UR decision. Furthermore, in a progress report dated 6/9/2014, the patient is diagnosed with insomnia and anxiety. Therefore, the request for Nuvigil 150mg #30 x1 is not medically necessary.

Fentanyl 50mcg/hr #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In a progress report dated 6/9/2014, the patient was noted to be on Effexor as well as Neurontin to treat his pain. There was no discussion, however, specifically regarding how the opioid regimen has been helping with this patient's pain. Furthermore, constipation was noted to be a continual adverse effect from the most recent progress reports, and there was no discussion regarding how the patient is tolerating the opioids. Therefore, the request for Fentanyl 50mcg/hr #15 was not medically necessary.

Methadone 10mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In a progress report dated 6/9/2014, the patient was noted to be on Effexor as well as Neurontin to treat his pain. There was no discussion, however, specifically regarding how the opioid regimen has been helping with this patient's pain. Furthermore, constipation was noted to be a continual adverse effect from the most recent progress reports, and there was no discussion regarding how the patient is tolerating the opioids. Therefore, the request for Methadone 10mg #40 was not medically necessary.