

Case Number:	CM14-0132397		
Date Assigned:	08/22/2014	Date of Injury:	06/24/1997
Decision Date:	11/03/2015	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/19/2014

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. 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: Texas, Illinois

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 39 year old female, who sustained an industrial injury on 06-24-1997. The injured worker is currently permanent and stationary. Medical records indicate the injured worker has been diagnosed of status post fluoroscopically guided right C2-C3, right C5-C6, and right C6-C7 facet joint radiofrequency nerve ablation, right cervical facet joint pain at C2-C3, right cervical facet joint pain at C5-C6 and C6-C7, cervical facet joint arthropathy, cervical disc protrusion, cervical stenosis, cervical degenerative disc disease, cervical sprain-strain, and insulin dependent diabetes. Treatment to date has included injections and medications. Medications as of 07-24-2015 included Soma, Neurontin, Relafen, Allopurinol, Nateglinide, Levothyroxine, Zoloft, Omeprazole, Loratadine, Atenolol, Metformin, Lantus, Isosorbide, Ativan, Multivitamin, Norco, Medical THC, Losartan, Crestor, and ProAir. In a progress note dated 07-24-2014, the injured worker reported neck pain. Objective findings included restricted cervical spine range of motion and tenderness to palpation to cervical paraspinal muscles. The treating physician noted that Hydrocodone provides "50% improvement of the patient's pain with 50% improvement of the patient's activities of daily living such as self-care and dressing". The request for authorization dated 08-12-2014 requested Hydrocodone 10-325mg four times daily #120 with 1 refill, Carisoprodol 350mg twice daily #60 with 1 refill, Gabapentin 800mg three times daily #90 with 1 refill, and in-office random 12 panel urine drug screen . The Utilization Review with a decision date of 08-14-2014 non-certified the request for 2 prescriptions for Hydrocodone 10-325mg #120, 2 prescriptions for Carisoprodol 350mg #60, and 2 prescriptions for Gabapentin 800mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective DOS: 7/24/14: 2 Prescriptions for Hydrocodone 10/325mg, #120: 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.

Decision rationale: The injured worker sustained a work related injury on 06-24-1997. The injured worker is currently permanent and stationary. Medical records indicate the injured worker has been diagnosed of status post fluoroscopically guided right C2-C3, right C5-C6, and right C6-C7 facet joint radiofrequency nerve ablation, right cervical facet joint pain at C2-C3, right cervical facet joint pain at C5-C6 and C6-C7, cervical facet joint arthropathy, cervical disc protrusion, cervical stenosis, cervical degenerative disc disease, cervical sprain-strain, and insulin dependent diabetes. Treatment to date has included injections and medications. Medications as of 07-24-2015 included Soma, Neurontin, Relafen, Allopurinol, Nateglinide, Levothyroxine, Zoloft, Omeprazole, Loratadine, Atenolol, Metformin, Lantus, Isosorbide, Ativan, Multivitamin, Norco, Medical THC, Losartan, Crestor, and ProAir. The medical records provided for review do not indicate a medical necessity for Retrospective DOS: 7/24/14: 2 Prescriptions for Hydrocodone 10/325mg, #120. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented functional improvement. The medical records indicate the injured worker was being treated with Norco prior to the visit; the worker had fluoroscopically guided cervical ablation in 06/2014, following which the pain decreased by 50%. The records do not indicate how long the injured worker had been on Norco, but the records provided no information on the severity of the pain or on monitoring for analgesia (pain control), with the use of this medication. Therefore, the requested medication is not medically necessary.

Retrospective DOS: 7/24/14: 2 Prescriptions for Carisoprodol 350mg, #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): Muscle relaxants (for pain).

Decision rationale: The injured worker sustained a work related injury on 06-24-1997. The injured worker is currently permanent and stationary. Medical records indicate the injured worker has been diagnosed of status post fluoroscopically guided right C2-C3, right C5-C6, and

right C6-C7 facet joint radiofrequency nerve ablation, right cervical facet joint pain at C2-C3, right cervical facet joint pain at C5-C6 and C6-C7, cervical facet joint arthropathy, cervical disc protrusion, cervical stenosis, cervical degenerative disc disease, cervical sprain-strain, and insulin dependent diabetes. Treatment to date has included injections and medications. Medications as of 07-24-2015 included Soma, Neurontin, Relafen, Allopurinol, Nateglinide, Levothyroxine, Zoloft, Omeprazole, Loratadine, Atenolol, Metformin, Lantus, Isosorbide, Ativan, Multivitamin, Norco, Medical THC, Losartan, Crestor, and ProAir. The medical records provided for review do not indicate a medical necessity for Retrospective DOS: 7/24/14: 2 Prescriptions for Carisoprodol 350mg, #60. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Carisoprodol (Soma) is a muscle relaxant with a recommended dosing of 250 mg-350 mg four times a day. It is recommended for no longer than a 2 to 3 week period. The medical records indicate the injured worker had cervical ablation in 06/2014, the injured treatment at the time of this visit included carisoprodol. Therefore, the requested treatment is not medically necessary.

Retrospective DOS: 7/24/14: 2 Prescriptions for Gabapentin 800mg, #90: 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): Introduction, Antiepilepsy drugs (AEDs).

Decision rationale: The injured worker sustained a work related injury on 06-24-1997. The injured worker is currently permanent and stationary. Medical records indicate the injured worker has been diagnosed of status post fluoroscopically guided right C2-C3, right C5-C6, and right C6-C7 facet joint radiofrequency nerve ablation, right cervical facet joint pain at C2-C3, right cervical facet joint pain at C5-C6 and C6-C7, cervical facet joint arthropathy, cervical disc protrusion, cervical stenosis, cervical degenerative disc disease, cervical sprain-strain, and insulin dependent diabetes. Treatment to date has included injections and medications. Medications as of 07-24-2015 included Soma, Neurontin, Relafen, Allopurinol, Nateglinide, Levothyroxine, Zoloft, Omeprazole, Loratadine, Atenolol, Metformin, Lantus, Isosorbide, Ativan, Multivitamin, Norco, Medical THC, Losartan, Crestor, and ProAir. The medical records provided for review do indicate a medical necessity for Retrospective DOS: 7/24/14: 2 Prescriptions for Gabapentin 800mg, #90. The MTUS recommends the use of the antiepileptic drugs for the treatment of neuropathic pain. The guidelines recommends that continued use be based on evidence of 30 % reduction in pain, otherwise switch to a different first line agent, or combine with another first line agent. The disease conditions where the antiepileptic drugs have been found useful include: Spinal cord injury, Complex Regional Pain Syndrome, Fibromyalgia, Lumbar spinal stenosis, Post Op pain. Painful polyneuropathy: Post herpetic neuralgia. The medical records indicate the pain is associated with numbness and parasthesia; gabapentin provides 50% pain reduction, therefore is medically necessary.