

Case Number:	CM13-0009386		
Date Assigned:	09/11/2013	Date of Injury:	10/13/2003
Decision Date:	03/31/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	08/09/2013

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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Georgia. 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:

Claimant is presenting with chronic pain following a work-related injury on October 13, 2003. The claimant's physical exam was significant for slow antalgic gait, difficulty transitioning from a seated to a standing position, posterior lumbar paraspinal tenderness to palpation bilaterally with increased muscle rigidity, decreased range of motion, pain with flexion and extension that was worse with flexion, decreased sensation to the posterior lateral thigh and posterior lateral calves bilaterally at the right greater than the left at approximately L5-S1 distribution, straight leg raise positive bilaterally at 45°, deep tendon reflexes were 1 out of 4 in the patella and absent Achilles tendon bilaterally, right hip pain and tenderness to palpation over the greater trochanter, right knee tenderness on palpation at the medial and lateral joint lines, mild crepitus with range of motion which is limited to 110° due to pain, and mild swelling noted in the knee throughout. A provocative discogram on May 18, 2005 was positive at L1 to, L2-3, L3-4, L4-5 and L5-S1. Electrodiagnostic study on October 4, 2004 revealed an L5-S1 radiculopathy bilaterally. Lumbar MRI on August 18, 2004 revealed degenerative disc disease resulting in mild encroachment upon the canal at L3-4 and L5-S1, at L4-5 there is degenerative disc disease combined with facet joint hypertrophy resulting in moderately severe canal stenosis as well as encroachment upon the neuroforamina, L5-S1 there is leftward 3 mm disc bulge resulting in encroachment upon the canal and mouth of the left neuroforamina, at L3-4 there is mild broad-based disc bulge resulting in left-sided mild encroachment of the canal and left neuroforamina. Post-discogram CT scan shows moderate central and paracentral disc bulging at L4-5 with facet hypertrophy. The claimant's medications include Zoloft, Norco, Zanaflex, Prilosec, Topamax, Zanaflex, Viagra, Remeron, Soma, Levitra, Synovacin and Dendracin Topical. The claimant was diagnosed with bilateral lower extremity neuropathic pain right greater than left, 5 level positive discogram at L1-S1, medication induced gastritis, and right knee internal derangement.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #240: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79.

Decision rationale: Norco 10/325mg is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore Norco is not medically necessary.

1 prescription of Neurontin 300mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 17-19.

Decision rationale: Gabapentin is not medically necessary. CA MTUS 17-19 Recommended for neuropathic pain (pain due to nerve damage). There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at post-herpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy. (Attal, 2006). The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions. Additionally, Per MTUS 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. The claimant did not show improve function on his most recent office visit; therefore the requested medication is not medically necessary

1 prescription of Dendracin: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended". Additionally, Per CA MTUS page 111 states that topical analgesics are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)...Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was diagnosed with neuropathic pain, however, there is no documentation of physical findings or confirming the diagnosis. Per CA MTUS topical analgesic such as Lidocaine is not recommended for non-neuropathic pain

4 trigger point injections: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

Decision rationale: The requested 4 trigger point injections are not medically necessary, per MTUS guidelines which states that these injections are recommended for low back or neck pain with myofascial pain syndrome, when there is documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The claimant's medical records do not document the presence or palpation of trigger points upon palpation of a twitch response along the area of the neck where the injection is to be performed.