

Case Number:	CM13-0018150		
Date Assigned:	10/11/2013	Date of Injury:	03/26/1990
Decision Date:	02/12/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	08/29/2013

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 Internal Medicine, has a subspecialty in Pulmonary Disease 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. 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:

The patient is a 46-year-old male who reported an injury on 03/26/1990. The mechanism of injury was not provided for review. The patient reportedly injured his neck and low back. The patient's chronic pain was being treated with medications include Zanaflex 4 mg, Cymbalta 30 mg, Neurontin 600 mg, Norco 325 mg, and OxyContin 30 mg. The patient's most recent clinical evaluation indicated the patient had fluctuating pain at 6/10 to 9/10. It was noted the patient tolerated the medications well and had no evidence of dependence. Physical findings included tenderness to palpation in the left quadriceps and right sacroiliac region with restricted lumbar range of motion in extension described as 12 degrees. The patient's diagnoses included lumbar/thoracic/lumbosacral radiculitis and sacroiliac joint dysfunction. The patient's treatment plan included a urine drug screen and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg #90: Upheld

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

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

Decision rationale: The requested Neurontin 900 mg #90 is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has been on this medication for an extended period of time. The California Medical Treatment Utilization Schedule recommends continued use of this medication is supported by significant functional benefit and quantitative assessment of pain relief related to the medication. The clinical documentation does indicate the patient has fluctuating pain from 6/10 to 9/10. However, it is not noted if this is due to medication usage or due to non-pharmacological self management. Additionally, there is no documentation of significant functional benefit as result of this medication. Therefore, continued use would not be supported. As such, the requested Neurontin 600 mg #90 is not medically necessary or appropriate.

Oxycontin 30mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Section Page(s): 78.

Decision rationale: The requested OxyContin 30 mg #90 is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has been on this medication for an extended duration of time. The California Medical Treatment Utilization Schedule recommends the continued use of opioids in the management of a patient's chronic pain be supported by a quantitative assessment of pain relief as result of the medication, documentation of specific functional benefit, maintained side effects, and documentation of monitoring for aberrant behavior. The clinical documentation submitted for review does provide evidence that the patient underwent a urine drug screen at the most recent clinical evaluation. However, there was no history of monitoring for aberrant behavior prior to that appointment. Additionally, there is no quantitative pain assessment related to medication usage. The clinical documentation does indicate the patient has fluctuating pain from 6/10 to 9/10. However, it is not noted if this is due to pharmacological or non-pharmacological self-management. Additionally, there is no specific documentation of increased functional benefit as it is related to this medication. As such, the requested OxyContin 30 mg #90 is not medically necessary or appropriate.

Zanaflex 4mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Section Page(s): 63.

Decision rationale: The requested Zanaflex 4 mg #60 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration. The California Medical Treatment Utilization

Schedule recommends the use of muscle relaxants for short courses of treatment in patients with acute exacerbations of chronic pain. The clinical documentation submitted for review does not provide any evidence that the patient has had an acute exacerbation of their chronic pain. Additionally, the requested number of capsules, #60, exceeds the recommendation of a short course of treatment. Therefore, continuation of this medication would not be indicated. As such, the requested Zanaflex 4 mg #60 is not medically necessary or appropriate.

Cymbalta 30mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain Section Anti-Depressants Section Page(s): s 60; 13.

Decision rationale: The requested Cymbalta 30 mg #90 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration. The California Medical Treatment Utilization Schedule does recommend antidepressants for the management of the patient's chronic pain; however, medications should be supported by increased functional benefit and symptom response. The clinical documentation submitted for review does provide evidence that the patient has fluctuating pain from 6/10 to 9/10. However, there is no indication if this is due to medication usage or self-managed non-pharmacological treatments. Additionally, there is no documentation of significant functional benefit as result of the requested medication. As such, the requested Cymbalta 30 mg #60 is not medically necessary or appropriate.