

Case Number:	CM13-0030334		
Date Assigned:	01/22/2014	Date of Injury:	05/01/2013
Decision Date:	03/25/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	09/30/2013

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 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 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 applicant is a [REDACTED] employee who has filed a claim for low back, right leg, and hip pain reportedly associated with an industrial injury of May 1, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; a cane; and unspecified amounts of physical therapy over the life of the claim. In a utilization review report of September 23, 2013, the claims administrator reportedly denied a request for a medial branch block, partially certified a request for physical therapy, denied electrodiagnostic testing of the right lower extremity, approved a right hip x-ray, and approved an ergonomic evaluation. The applicant subsequently appealed. In a request for authorization dated January 2, 2014, the attending provider sought prescriptions for Neurontin, Skelaxin, Norco, Kadian, and Naprosyn. An earlier note of December 16, 2013 is notable for comments that the applicant has not yet received the previously authorized ergonomic evaluation. The applicant complains that his medications have been denied. He has not been working between the dates of December 9, 2013, through December 16, 2013, but was apparently working formerly. The applicant is obese with a BMI of 37. He exhibits an antalgic gait. Limited lumbar range of motion with positive facet loading is noted. The lower extremity strength ranged from 4/5 to 5/5. Medications are renewed. Norco is continued for breakthrough pain while Kadian is apparently continued for stronger control to relieve pain. The applicant was placed off work between the dates of December 9, 2013, through January 10, 2014, and then asked to return to modified work on January 10, 2014, with a rather proscriptive 5-pound lifting limitation in place. Additional physical therapy and a TENS unit are sought along with trigger point injection therapy and medial branch blocks. An earlier note on November 14, 2013 is again notable for comments that the claimant reports heightened pain, poor quality of sleep, and decreased activity level. The applicant's medication list includes Naprosyn, Neurontin, Norco, Kadian, and Skelaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian: Upheld

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

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

Decision rationale: Kadian is a brand of long-acting morphine. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain effected as a result of ongoing opioid usage. In this case, however, these criteria have not been met. The applicant is off work, on total temporary disability. His pain complaints are seemingly heightened from visit to visit. He continues to have difficulty in terms of performance of non-work activities of daily living. He is using a cane to move about. All of the above, taken together, suggest that the criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy have seemingly not been met. Accordingly, the request is not certified, on independent medical review.

Skelaxin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Metaxalone Topic Page(s): 61.

Decision rationale: As noted on page 61 of the MTUS Chronic Pain Medical Treatment Guidelines, Skelaxin is recommended "with caution" as a second-line option for short-term pain relief in applicants with chronic low back pain. It is not recommended in the chronic, long-term, and/or scheduled basis for which it is being proposed here. It is further noted that the applicant has failed to effect any lasting benefit or functional improvement through prior usage of the same. The fact that the applicant remains off work, has failed to return to work, and remains highly reliant on various medications and injections, taken together, implies a lack of functional improvement as defined in MTUS 9792.20(f) despite prior usage of Skelaxin. Accordingly, the request is not certified, on independent medical review.

Norco: Upheld

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

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

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain effected as a result of ongoing opioid therapy. In this case, however, the applicant has seemingly failed to return to work. The applicant's pain complaints are heightened from visit to visit as opposed to reduced, despite ongoing Norco usage. The applicant's ability to perform activities of daily living is seemingly diminished. For all of the stated reasons, then, the request is likewise not certified.

Neurontin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs)..

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

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, the applicant should be asked "at each visit" as to whether or not there has been a change in pain or function as a result of ongoing Neurontin usage. In this case, however, the applicant has seemingly used gabapentin or Neurontin chronically and failed to effect any lasting benefit in terms of either pain relief or improved function as a result of ongoing gabapentin usage. The fact that the applicant remains off work, on total temporary disability, and remains highly reliant on various medications, injections, and other treatments, taken together, implies a lack of functional improvement as defined in MTUS 9792.20(f) despite prior usage of Neurontin. Therefore, the request is likewise not certified, on independent medical review.

Naprosyn: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAID)'S..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Topic Page(s): 22.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does state that anti-inflammatory medications such as Naprosyn do represent the "traditional first-line treatment" for various chronic pain conditions, including the chronic low back pain reportedly present here, in this case, as with the other drugs, the applicant has failed to effect any lasting benefit or functional improvement despite ongoing usage of Naprosyn. The fact that the applicant remains off work, on total temporary disability, and remains highly reliant on various medications, injections, and other treatments, taken together, implies a lack of functional improvement as defined in section 9792.20(f) despite prior usage of Naprosyn. Therefore, the request is likewise not certified, on independent medical review.

