

Case Number:	CM13-0035154		
Date Assigned:	03/28/2014	Date of Injury:	01/22/2003
Decision Date:	04/30/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/16/2013

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:

The applicant is a represented Holt International Children's Services, Incorporated employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 22, 2003. In a utilization review report of October 1, 2013, the claims administrator denied a request for Voltaren gel, partially certified Neurontin, partially certified Norco, approved Cymbalta, and denied a urine drug screen. The request for Neurontin and Norco are partially certified on the grounds that the attending provider should periodically reevaluate the applicant to ensure ongoing functional improvement. In some sections of utilization of review report, it was stated, somewhat incongruously, that the applicant had responded favorably to medications in question while other sections of progress note stated that the applicant had not responded favorably to medications in question, somewhat incongruously. In a March 15, 2013 progress note, the applicant is described as having ongoing issues with chronic low back pain, status post L4-L5 fusion surgery. The applicant's medications include Lunesta, Norco, Lidoderm, Neurontin, Voltaren, Dulcolax, Micardis, aspirin, calcium, Zocor, and magnesium. Voltaren, Norco, Neurontin, Lunesta, Lidoderm were endorsed on this date. The applicant reported 10/10 pain without medications and 8/10 with her medications and stated that the medications let her do simple chores around the home and perform minimal activities outside of the home twice weekly. On May 28, 2013, the treating provider apparently sought authorization for epidural steroid injection therapy. On September 12, 2013, the applicant was described as reporting persistent low back pain. Authorization was sought for a back brace, radiofrequency ablation procedures, a chair, and trigger point injection therapy. It was again stated that the applicant's pain level with medications was 8/10 and 10/10 without medications. It was stated that the applicant was able to take part in limited social activities on weekends and was reportedly staying in bed without the medications and reportedly feeling hopeless. It was stated that that

applicant was also considering a spinal cord stimulator. The applicant is horribly depressed, it is stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF VOLTAREN GEL 1% #2, WITH 1 REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines VOLTAREN Page(s): 112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, Voltaren gel is indicated in the treatment of small joint arthritis which lends itself toward topical treatment, such as the hands, fingers, wrist, knees, ankles, etc. Voltaren has not been evaluated for treatment for the spine, the issue present here. In this case, the attending provider has not proffered any applicant-specific rationale, narrative, or commentaries which would offset the unfavorable MTUS recommendation. Therefore, the request remains not certified, on independent medical review.

1 PRESCRIPTION OF NEURONTIN 300MG #360, 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 GABAPENTIN Page(s): 19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, it is incumbent upon the attending provider to ask the applicant at each visit as to whether or not there has been change in pain or function as a result of ongoing Neurontin usage. In this case, however, the applicant's reported reduction in pain scores from 10/10 to 8/10 with medication usage appears to be marginal. The attending provider has further written that the applicant is only getting about or moving around twice a week. This appears to be a marginal benefit, one which is difficult to impute to ongoing Neurontin usage. The applicant has failed to return to work, it is further noted. Therefore, the request is not certified on the grounds that there has not been sufficient reduction in pain and/or improvement of function as a result of ongoing Neurontin usage.

1 PRESCRIPTION OF NORCO 10/325MG #180, 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 OPIOIDS 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 includes evidence of successful return to work, improved functioning and/or reduce pain achieved as a result of ongoing opioid therapy. In this case, however, it does not appear that these criteria have been met. The applicant is off of work. The applicant's reduction in pain levels from 10/10 to 8/10 appears to be marginal and, moreover, is highly template. This comment appears to remain in place on each visit. The attending provider comments that the applicant is able to get up and move around twice a week appears to be a marginal improvement in function, one which is difficult to impute to ongoing medication usage. Therefore, the request is not certified, on independent medical review.

1 URINE DRUG SCREEN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING Page(s): 43. Decision based on Non-MTUS Citation ODG CHRONIC PAIN CHAPTER, URINE DRUG TESTING

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing of the chronic pain population, the MTUS does not establish specific parameters for or establish a frequency with which to perform drug testing. The ODG Chronic Pain Chapter urine drug testing topic does state that an attending provider should clearly state which drug tests and/or drug panels he intends to test for and attach the applicant's complete medication list to the request for testing. In this case, the attending provider does not appear to have updated the applicant's medication list on any recent office visit. It is not clearly stated which drug tests and/or drug panels are being sought. The attending provider does not state when the last time the applicant was tested. Since several ODG criteria for pursuit of drug testing have not seemingly been met, the request is not certified, on independent medical review.