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| Case Number: | CM13-0035877 | | |
| Date Assigned: | 12/13/2013 | Date of Injury: | 04/12/2007 |
| Decision Date: | 02/03/2014 | UR Denial Date: | 10/10/2013 |
| Priority: | Standard | Application Received: | 10/18/2013 |

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 Neurology, has a subspecialty in Neuromuscular 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 patient is a 61 old man who sustained a work related injury on April 12 3007. Subsequently, the patient developed upper and lower back pain aggravated by activity. Physical examination showed radicular symptoms in both lower extremities supported by electromyogram (EMG) and MRI testing. The patient was diagnosed with degenerative disc disease, myalgia and chronic pain syndrome. The provider is requesting authorization for the medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

one (1) prescription of Percocet 10/325mg, #30, between October 1, 2013 and December 8, 2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Section Page(s): 179.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, ongoing use of opioids should follow specific rules which include: Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy; The lowest possible dose should be prescribed to improve pain and function; Office: Ongoing review and documentation of pain

relief, functional status, appropriate medication use, and side effects. The pain assessment should include : current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. The patient has been using opioids for long period of time, without full control of pain and without any documentation of functional or quality of life improvement. Therefore the prospective request for one (1) prescription of Percocet 10/325mg, #30, between October 1, 2013 and December 8, 2013, is not medically necessary and appropriate.

one (1) prescription of Neurontin 300mg, #30, with four (4) refills, between October 1, 2013 and March 8, 2014: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Neurontin has been shown to be effective for the treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered to be first line treatment for neuropathic pain. However there is a limited research to support its use of back pain. Neurontin could be used for lower back pain if effective; therefore its continuous use cannot be warranted without continuous monitoring. Based on the above, the prospective request for one (1) prescription of Neurontin 300mg, #30, with four (4) refills, between October 1, 2013 and March 8, 2014, is not medically necessary and appropriate.

one (1) prescription of Lunesta 3mg, #30, with four (4) refills, between October 1, 2013 and March 8, 2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Section Page(s): 14.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, tricyclic antidepressants are recommended as a first line option in neuropathic pain, especially if the pain is accompanied by insomnia, anxiety or depression. They are recommended as an option in depressed patients. Lunesta can be used as an option to treat insomnia; however it should not be

used for a long-term without periodic evaluation of its need. Therefore, the prospective request for one (1) prescription of Lunesta 3mg, #30, with four (4) refills, between October 1, 2013 and March 8, 2014, is not medically necessary and appropriate.

one (1) pre-operative chest x-ray, between October 1, 2013 and March 8, 2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation use of routine preoperative tests for elective surgery: evidence, method, & guidance. National Collaboration Centre for Acute Care-National Government Agency [Non-US], 2003 June, 30 pages. NGC: 003552.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Collaboration Centre for Acute Care-National Government Agency [Non-US], 2003 June, 30 pages, the use of routine preoperative tests for elective surgery: evidence, method,& guidance, NGC: 003552.

Decision rationale: According to National Collaboration Centre for Acute Care guidelines, chest x ray is recommended before surgery if the patient is evidence of cardiopulmonary disease. There is no documentation of cardiopulmonary disease in the patient file. Therefore, the prospective request for one (1) pre-operative chest x-ray, between October 1, 2013 and March 8, 2014, is not medically necessary and appropriate.