

Case Number:	CM13-0038866		
Date Assigned:	12/18/2013	Date of Injury:	05/11/1998
Decision Date:	02/13/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/01/2013

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 Medicine and is licensed to practice in Florida. 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 53-year-old male who reported a work related injury on 05/11/1998, specific mechanism of injury not stated. The patient currently presents for treatment of the following diagnoses: lumbar radiculopathy, status post lumbar laminectomy, depression, anxiety, chronic pain, left knee pain, left lower extremity atrophy secondary to left knee derangement. Clinical note dated 09/18/2013 reports the patient was seen under the care of [REDACTED] for pain medicine re-evaluation. The provider documents the patient presents with complaints of low back pain that radiates to the right lower extremity. The patient reports his pain level is increased with an average pain level of 8/10 with medications, and 9/10 without medications. The provider documented range of motion of the lumbar spine was moderately decreased secondary to pain. The patient reported spinal vertebral tenderness noted at the L4-S1 levels. The provider documented the patient was rendered the following prescriptions: Baclofen, MS Contin 15 mg 1 tablet by mouth daily, Neurontin 600 mg 1 tablet by mouth daily, Xanax 0.5 mg 1 tablet at bedtime, Cymbalta 30 mg 3 tablets 1 time by mouth daily, Viagra 50 mg, and Norco 5/325 mg 1 tablet by mouth every 6 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 5/325mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, ODG Treatment, Integrated Treatment/Disability Duration Guidelines Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, ODG Treatment, Integrated Treatment/Disability Duration Guidelines Pain (Chronic).

Decision rationale: The current request is not supported. California MTUS Guidelines state Norco 5/325 mg "is seen as an effective method in controlling chronic pain. It is often used for intermittent or breakthrough pain." The guidelines also state "4 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. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The clinical documentation submitted for review fails to evidence any documented functional improvement, or a significant decrease in the patient's rate of pain, with utilization of his current medication regimen. The patient presents status post his work related injury of over 15 years; the patient has been advised to decrease his medication regimen, consisting of MS Contin and Norco 5/325, as it fails to indicate via current review of clinical notes that the patient has significantly benefitted from chronic opioid use for his pain complaints. Given the above, the request for Norco 5/325 mg #120 between 09/18/2013 and 11/24/2013 is not medically necessary or appropriate.

Request for request for prescription of MS Contin 15 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: The current request is not supported. California MTUS Guidelines state MS Contin 15 mg "is seen as an effective method in controlling chronic pain. It is often used for intermittent or breakthrough pain." The guidelines also state "4 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. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The clinical documentation submitted for review fails to evidence any documented functional improvement, or a significant decrease in the patient's rate of pain, with utilization of his current medication regimen. The patient presents status post his work related injury of over 15 years; the patient has been advised to decrease his medication regimen, consisting of MS Contin and Norco 5/325, as it fails to indicate via current review of clinical notes that the patient has significantly benefitted from chronic opioid use for his pain complaints. Given the above, the

request for MS Contin 15 mg #30 between 09/18/2013 and 11/24/2013 is not medically necessary or appropriate.

Request for request for prescription of Neurontin 600mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 6.

Decision rationale: The current request is not supported. The most recent clinical note submitted for review failed to document the patient presented with any neuropathic pain complaints. In addition, the patient also utilizes Cymbalta, which is also indicated for neuropathic pain. California MTUS indicates gabapentin has shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia, and it has been considered as a first-line treatment for neuropathic pain. However, given all the above, the request for MS Contin 15 mg #30 between 09/18/2103 and 11/24/2013 is not medically necessary or appropriate.