MAXIMUS Federal Services

Case Number:	CM13-0044091		
Date Assigned:	12/27/2013	Date of Injury:	02/18/1999
Decision Date:	02/25/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/25/2013

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 Family Medicine, and is licensed to practice in Utah. 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 51 year old female, with a date of injury 2/18/1999, tripping injury cause by a phone cord. A request for Neurontin, Norco, Xanax, Pain Management second consultation, and Nerve Conduction Study were received. The patient has been diagnosed with cervical disc disease, Reflex Sympathetic Dystrophy, depression, and anxiety. She complains of pain in the shoulder as well as the scapular area, making it difficult to perform her activities of daily living. The patient had a Nerve Conduction Study, in June of 2011, which showed no evidence for medial, ulnar or cervical radiculopthy. She has shown no significant improvement in her pain levels or her functionality. According to the notes provided, it is not clear that the patient's is having true neurological symptoms. The correlation for her current pain to the original injury of her tripping in 1999 is unclear at this time. She has seen multiple physicians, including an orthopedic surgeon, who questions if her pain is more related the psychological disorders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

Decision rationale: MTUS guidelines were reviewed in regards to this specific case. Clinical documents were reviewed. There has been no documented improvement in pain or in function with the previous course of Neurontin. At this time Neurontin is not a medical necessity for this patient, due to the fact that there was no improvement with the initially treatment course. The patient has had a Nerve Conduction Study, in June of 2011, which showed no evidence for medial, ulnar or cervical radiculopthy. According to the notes provided, it is not clear that the patient is having true neurological symptoms or that they are progressing.

Xanax 0.25mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: MTUS guidelines were reviewed in regards to this specific case. Clinical documents were reviewed. There has been no documented improvement in pain, or in function with the previous course of Xanax. Xanax is not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. At this time Xanax is not a medical necessity for this patient, due to the fact that there was no improvement with the initially treatment course. The guidelines do recommend only a short course of this medication, and a tapering of this medication has already been recommended, in order to prevent withdrawal symptoms. But, the request as is, is not deemed as a medical necessity.

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-79.

Decision rationale: MTUS guidelines were reviewed in regards to this specific case. The clinical documents were reviewed. There has been no documented improvement in pain, or in function with the previous course or current course of NORCO. At this time NORCO is not a medical necessity for this patient, due to the fact that there was no improvement with the initially treatment course. In this case, etiology and progression of the pain and effectiveness of pain management is unclear at this time according to the documentation provided. At this time Norco is not a medical necessity for this patient.

Pain management consultation for second opinion: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, page 56.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, Page 56.

Decision rationale: There is no specific guideline that the MTUS makes with regard to pain management consultation. Other guidelines, as listed above were used. Clinical documents were reviewed. These guidelines state that a pain management referral should be considered, when the pain persists but the underlying tissue pathology is minimal or absent and correlation between the original injury and the severity is unclear. The Nerve Conduction Study was negative, and the correlation for her current pain to the original injury of her tripping in 1999 is unclear at this time. There has been no documented improvement in pain or in function with the previous course of Pain medication and treatments. At this time a pain management consultation for second opinion IS a medical necessity for this patient, until clear etiology can be determined.

NCS: 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), Neck and Upper Back (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd. Edition, (2004) Occupational Medicine Practice Guidelines, pages 176-188.

Decision rationale: MTUS guidelines were reviewed in regards to this specific case. Clinical documents were reviewed. These guidelines state that a Nerve Conduction Study should be used only if there is EMG (Electromyography) is unclear, negative or if the test is used to differentiate a radiculopathy from another neuropathy, this is based on clinic examination. Patient has had a Nerve Conduction Study, in June of 2011, which showed no evidence for medial, ulnar or cervical radiculopathy. At this time a second Nerve Conduction Study is not a medical necessity for this patient, due to the fact that there has not been any documented change of neurological symptoms, since the previous test. According to the notes provided, it is not clear that the patient's neurological symptoms are progressing.