MAXIMUS Federal Services

Case Number:	CM13-0045914		
Date Assigned:	12/27/2013	Date of Injury:	03/18/2009
Decision Date:	02/26/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/12/2013

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 claimant is a 46 year old male with date of injury 3/18/2009. The carrier has accepted the neck and denied mental/physical, heart, both shoulders. Progress note dated 10/15/2013 reports that the claimant is struggling with car accident pain from September 2013 that increased his neck and low back pain, was doing well from radiofrequency ablation but following car accident he has widespread pain, particularly in the neck. Prilosec helps with his stomach, and if he doesn't take it he has increased reflux and irritations. On exam there is diminished cervical spine range of motion with pain and tenderness throughout cervical paraspinal muscles. Claimant believes he is getting chiropractic through his motor vehicle accident and private insurance. Claimant is permanent and stationary. Progress note dated 11/12/2013 reports that pain medications reduces pain from 8/10 to 5/10 with no major side effects. Diagnoses include 1) neck pain 2) headaches (non-industrial) 3) positive left C2, C3, C4 dorsal medial branch block on 5/17/2013 4) multiple psychiatric disorders including bipolar disorder, posttraumatic stress disorder (non-industrial) 5) motor vehicle accident on 9/26/2013 with increased neck and low back pain. Plan is to continue medications for neck pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol XR 150mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids Page(s): 80-81.

Decision rationale: The claimant is currently prescribed a maximum of 75 mg oral morphine equivalents per day. This is less than the Chronic Pain Guidelines recommended ceiling of 120 mg oral morphine equivalents per day. The claimant has also been on stable medication regimen with reported reduced pain symptoms and no major side effects. Per the guidelines quoted above, the claimant is in a maintenance phase of chronic opioid pain management. Although there are precautions in such management by these guidelines, the provider does have a written pain agreement with the claimant and has given instruction on exercises and stretches to assist in current level of function. The request for Tramadol 150 mg XR #60 is determined to be medically necessary

Percocet 5/325mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Page(s): 80-81.

Decision rationale: The claimant is currently prescribed a maximum of 75 mg oral morphine equivalents per day. This is less than the Chronic Pain Guidelines recommended ceiling of 120 mg oral morphine equivalents per day. The claimant has also been on stable medication regimen with reported reduced pain symptoms and no major side effects. Per the guidelines quoted above, the claimant is in a maintenance phase of chronic opioid pain management. Although there are precautions in such management by these guidelines, the provider does have a written pain agreement with the claimant and has given instruction on exercises and stretches to assist in current level of function. The request for Percocet 5/325 mg #60 is determined to be medically necessary

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine and the National Institutes of Health.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 68-69.

Decision rationale: The medical reports state that the claimant receives benefit from omeprazole; however, the current medication regimen does not include NSAIDs that would necessitate the use of omeprazole within these guidelines. The request for Omeprazole 20 mg #60 is determined to not be medically necessary.

Lidoderm patches 5% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Page(s): 56-57.

Decision rationale: Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. There is no medical documentation of evidence that the claimant is suffering from neuropathic pain, or failure of first line treatments mentioned above. The request for Lidoderm patches 5% #30 is determined to not be medically necessary.

Neurontin 300mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Gabapentin Page(s): 18-19.

Decision rationale: The Physician Reviewer's decision rationale: The guidelienes indicate that gabapentin, or Neurontin, has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. There is limited evidence to show that this medication is effective for postoperative pain, where there is fairly good evidence that the use of gabapentin and gabapentin-like compounds results in decreased opioid consumption. There is no medical documentation of evidence that the claimant is suffering from neuropathic pain, or other medical conditions addressed above that would indicate the necessity of Neurontin. The request for Neurontin 300 mg #60 is determined to not be medically necessary