

Case Number:	CM13-0051477		
Date Assigned:	12/27/2013	Date of Injury:	09/15/2004
Decision Date:	03/07/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/14/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Texas. 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 49-year-old male who reported an injury on 09/15/2004 due to cumulative trauma while performing normal job duties. The patient reportedly sustained an injury to the low back. Previous treatments included activity modification, medications, physical therapy, and a home exercise program. The patient's chronic pain was managed with medications to include hydrocodone 10/325 mg and Neurontin 600 mg. The patient's most recent clinical evaluation revealed that the patient had constant pain rated at a 10/10. Physical findings included diffuse tenderness over the paraspinal musculature with moderate facet tenderness from the L4 through the S1 levels and a positive straight leg raising test bilaterally. The patient's diagnoses included lumbar disc disease, lumbar radiculopathy, and lumbar facet syndrome. The patient's treatment plan included an epidural steroid injection and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 qty 120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management. Page(s): 78.

Decision rationale: The requested Norco 10/325 qty 120 is not medically necessary or appropriate. The California Medical Treatment and Utilization Schedule recommends the continued use of opioids in the management of a patient's chronic pain be supported by a quantitative assessment of pain relief, documentation of functional benefit, managed side effects, and evidence of compliance to the prescribed medication schedule. The clinical documentation submitted for review does state that the patient is monitored for compliance with urine drug screens. However, the most recent evaluation determined that the patient had 10/10 pain and there was no documentation of functional benefit. Therefore, continued use of the prescribed medication schedule would not be supported. As such, the requested Norco 10/325 qty 120 is not medically necessary or appropriate.

Neurontin 600mg qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain and Antiepilepsy drugs (AEDs) Page(s): 60,16.

Decision rationale: The requested Neurontin 600mg qty 60 is not medically necessary or appropriate. The California Medical Treatment and Utilization Schedule does not recommend the continued use of medications in the management of chronic pain unless there is documentation of significant pain relief and functional benefit. The clinical documentation submitted for review does indicate that the patient has 10/10 pain. There is no documentation of pain relief as a result of medication usage. Additionally, the documentation fails to provide evidence of functional benefit. Therefore, continued use of this medication would not be supported. As such, the requested Neurontin 600mg qty 60 is not medically necessary or appropriate.

Ativan 2mg qty 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested Ativan 2mg qty 30 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule states that benzodiazepines have a large range of action to include sedatives, anxiolytics, anticonvulsants, and muscle relaxants. The clinical documentation submitted for review does not specifically identify the goals of treatment for this benzodiazepine. Therefore, medical necessity cannot be determined. As such, the requested Ativan 2mg qty 30 is not medically necessary or appropriate.