

Case Number:	CM13-0052752		
Date Assigned:	12/30/2013	Date of Injury:	04/07/2009
Decision Date:	03/25/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/06/2013

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 and is licensed to practice in Illinois. 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 55-year-old male who reported an injury on 04/07/2009 due to lead poisoning and toxin exposure resulting in fatigue, weakness, diffuse myalgias, and multi-joint achiness. The patient's pain was managed with medications. The patient was monitored for aberrant behavior with urine drug screens that were regularly consistent. The patient's medication schedule included Amrix 30 mg, Norco 10/325 mg, phentermine 15 mg, and gabapentin 300 mg. The patient's most recent clinical findings from 10/29/2013 noted that the patient had limited range of motion of the lumbar spine secondary to pain. It is noted in the patient's most recent documentation that the patient has decreased neuropathic symptoms by 50% with the usage of gabapentin. It was also documented that the patient had 7/10 to 8/10 pain that was reduced to 3/10 with the use of Norco 10/325 mg which allowed the patient to perform activities of daily living. It was also noted that the patient's muscle spasm pain was reduced from a 6/10 to a 2/10 with Amrix. The patient's diagnoses included cumulative repetitive injury to the back, upper extremities and lower extremities, lead poisoning, exposure to toxins, systemic effects of toxic exposure, diffuse painful myalgias of the upper and lower extremities and multi-joint achy pain in the bilateral upper extremities and bilateral lower extremities. The patient's treatment plan included continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

one prescription of Norco10/325mg, #150 with one refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use and On-Going Management Page(s): 78.

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

Decision rationale: The requested 1 prescription of Norco 10/325mg #150 with 1 refill is medically necessary and appropriate. The clinical documentation submitted for review does indicate that the patient has been on this medication for an extended duration of time. California Medical Treatment Utilization Schedule recommends the continued use of opioids 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 most recent clinical documentation submitted for review does indicate that the patient has been monitored for aberrant behavior with urine drug screens. It is also noted that the patient has significant pain reduction with the use of this medication. Additionally, it is noted that this medication allows the patient to participate in activities of daily living. Therefore, continued use would be indicated. As such, the requested 1 prescription of Norco 10/325mg #150 with 1 refill is medically necessary and appropriate.

one prescription of Gabapentin 300mg #90 with one refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin)..

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 1 prescription of gabapentin 300mg #90 with 1 refill is medically necessary and appropriate. California Medical Treatment Utilization Schedule recommends the continued use of this medication when there is documentation of significant benefit and symptom relief. The clinical documentation submitted for review does indicate that the patient has a 50% reduction in pain related to this medication. This allows the patient to function and participate in activities of daily living. Therefore, continued use would be indicated. As such, the requested 1 prescription of gabapentin 300mg #90 with 1 refill is medically necessary and appropriate.

one prescription for Amrix 30mg, #30 with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The 1 prescription of Amrix 30mg #30 with 3 refills is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not

recommend the use muscle relaxants for extended durations of time. The clinical document submitted for review does indicate that the patient has been on this medication for an extended period of time. Although, it is noted that the patient does have a reduction in symptoms as a result of this medication continued use would not be indicated. California Medical Treatment Utilization Schedule only recommends a duration of 2 to 3 weeks. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested 1 prescription of Amrix 30 mg #30 with 3 refills is not medically necessary or appropriate.