

Case Number:	CM13-0053210		
Date Assigned:	12/30/2013	Date of Injury:	01/20/2009
Decision Date:	04/03/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/18/2013

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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic neck pain reportedly associated with an industrial injury of January 20, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; attorney representation; transfer of care to and from various providers in various specialties; and prior lumbar fusion surgery in April 2010. In a Utilization Review Report of November 7, 2013, the claims administrator approved a request for Nucynta, denied a request for Dilaudid, partially certified Neurontin, seemingly for weaning purposes, and approved Mobic. In a clinical progress note of November 13, 2013, the applicant is described as having chronic low back pain radiating to bilateral lower extremities. The applicant is dragging his feet, it is stated. He is weak about the feet. He exhibits an antalgic gait. Nucynta is endorsed. The applicant is asked to discontinue OxyContin. The applicant apparently had to discontinue classes he was taking to finish his Associates Degree owing to heightened pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

DILAUDID 4 MG #100: Upheld

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

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

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of Opioid therapy are evidence of successful return to work, improved function, and/or reduced pain affected as a result of ongoing Opioid therapy. In this case, however, these criteria have not seemingly been met. The applicant has seemingly failed to return to work. The applicant apparently discontinued classes taken toward pursuit of his Associates Degree owing to heightened pain. There is no evidence that the applicant's activities of daily living are improved. If anything, the applicant is not dragging his feet despite ongoing usage of Opioid therapy. Continuing the same, on balance, is not indicated, as the applicant has not seemingly met the requisite criteria cited on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore the request is not medically necessary.

GABAPENTIN 600 MG #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): 19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, an attending provider should ask the applicant with each visit as to whether or not Gabapentin is producing the requisite analgesia and/or improvement of function. In this case, it does not appear that Gabapentin has generated any lasting benefit or functional improvement. The applicant has seemingly failed to return to work. The applicant's complaints of pain are heightened as opposed to reduced. Continuing Gabapentin, on balance, is not indicated. Therefore, the request is medically necessary.