

Case Number:	CM13-0060337		
Date Assigned:	12/30/2013	Date of Injury:	10/25/2000
Decision Date:	04/03/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/03/2013

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 47-year-old male who reported an injury on 10/25/2000. The mechanism of injury was not specifically stated. The patient is currently diagnosed with 2-level disc herniation of the lumbar spine, fatigue, status post fusion at L4-5, exacerbation of chronic lumbosacral spinal pain, and right shoulder pain. The patient was seen by [REDACTED] on 12/04/2013. The patient reported stiffness, numbness in the left lower extremity and radicular pain in the right lower extremity. Physical examination revealed 5/5 motor strength in bilateral lower extremities, painful range of motion of the right shoulder, positive impingement and adhesive capsulitis, 2+ deep tendon reflexes and intact sensation. Treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 1 mg #270: 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 Section Page(s): 24.

Decision rationale: The California MTUS Guidelines state benzodiazepines are not recommended for long-term use, because long-term efficacy is unproven and there is a risk of dependence. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent symptoms. There is no evidence of objective functional improvement. The medical necessity for the requested medication has not been established. Therefore, the request is non-certified.

Norco 10/325 mg #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 Section Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. There is no evidence of a satisfactory response to treatment. Therefore, the request is non-certified.

Butrans 10 mcg/hr patch #4: 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 Page(s): 26-27.

Decision rationale: The California MTUS Guidelines state Buprenorphine is recommended for treatment of opiate addiction. It is also recommended as an option for chronic pain. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. There is no evidence of objective functional improvement. There is also no indication of an opiate addiction or detoxification. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

Neurontin 500 mg #270: 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 Page(s): 16-18.

Decision rationale: The California MTUS Guidelines state Gabapentin 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. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain, numbness, and radicular pain in the right lower extremity. Satisfactory response to treatment has not been indicated. Therefore, the request is non-certified.

Cymbalta 30 mg #60: 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 Anti-Depressants Section Page(s): 13-16.

Decision rationale: The California MTUS Guidelines state antidepressants are recommended as a first-line option for neuropathic pain and as a possibility for non-neuropathic pain. Cymbalta is used off-label for neuropathic pain and radiculopathy. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain, numbness, and radicular pain in the right lower extremity. Satisfactory response to treatment has not been indicated. Therefore, the request is non-certified.

Naprosyn 500 mg #180: 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 NSAIDS Section Page(s): 67-72.

Decision rationale: The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. There is no evidence of a satisfactory response to treatment. Therefore, the request is non-certified.