MAXIMUS Federal Services

Case Number:	CM13-0063604		
Date Assigned:	12/30/2013	Date of Injury:	07/09/2002
Decision Date:	06/30/2014	UR Denial Date:	11/16/2013
Priority:	Standard	Application Received:	12/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, 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 expert 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 injured worker is a 55-year-old male who reported an injury on 07/09/2002 secondary to an unknown mechanism of injury. The injured worker was evaluated on 11/12/2013 for reports of neck, back, and bilateral shoulder pain with numbness and tingling in his left hand, and numbness in both legs. The exam noted neck flexion at 30 degrees, extension at 20 degrees, rotation bilaterally to 60 degrees, and lateral flexion bilaterally at 10 degrees. Right shoulder abduction was noted at 60 degrees, extension at 10 degrees and flexion at 90 degrees. Abduction of the left shoulder was noted at 60 degrees, extension at 10 degrees, and flexion at 70 degrees. The trunk and pelvis allowed for 40 degrees of flexion and 0 degrees of extension with bilateral rotation at 10 degrees and bilateral flexion at 5 degrees. Paracervical tenderness was noted from C2 to C7-T1. There was parathoracic tenderness from T1 to T8 and also from T10 to L1. Lumbar tenderness was noted from L1 to S1 and a thoracic and lumbar spasm was present. Bilateral sacroiliac tenderness and bilateral trochanteric tenderness was also noted. There was a positive Tinel's of the left elbow noted. The diagnoses included chronic lumbar back pain, chronic multilevel lumbar degenerative disc disease, chronic left shoulder pain, chronic left cubital tunnel syndrome, and chronic cervical pain. The treatment plan included continued medication therapy, request for authorization for an orthopedic and neurosurgical referral. The request for authorization for Norco dated 11/12/2013 was found in the documentation provided; however, the rationale for the request was not found.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 5/325MG #120:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Page(s): 13-16.

Decision rationale: The request for Norco 5/325 mg #120 is non-certified. The California MTUS Guidelines recommend use of opioids for the ongoing management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of significant evidence of an objective assessment of the injured worker's pain level, evaluation of risk of aberrant drug use behavior and side effects. Therefore, based on the documentation provided, the request is non-certified.

GABAPENTIN 600MG:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-22.

Decision rationale: The request for gabapentin 600 mg is non-certified. The California MTUS Guidelines recommend antiepileptic medications as an effective treatment for diabetic painful neuropathy and postherpetic neuralgia and has been considered a first line treatment for neuropathic pain. There is a significant lack of evidence of neuropathic pain, or diabetic painful neuropathy. The documentation further indicates the injured worker has been prescribed this medication since 11/20/2012. There is a significant lack of clinical evidence of the efficacy of this medication. Furthermore, the request does not indicate the total number of tablets being ordered. Therefore, based on the documentation provided, the request is non-certified.

BACLOFEN 10MG:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The request for baclofen 10 mg is non-certified. The California MTUS Guidelines recommend the use of muscle relaxants with caution as a second line option for short-

term treatment of acute exacerbations in patients with chronic low back pain. The documentation provided indicates the injured worker has been prescribed muscle relaxants since at least 04/02/2013. This timeframe exceeds the timeframe to be considered short-term. There is also a significant lack of clinical evidence of the efficacy of the medication. Furthermore, the request does not indicate the total number of tablets being requested. Therefore, based on the documentation provided, the request is non-certified.

AMITRIPTYLINE 25MG:

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 Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: The request for amitriptyline 25 mg is non-certified. The California MTUS Guidelines recommend antidepressants as a first line option for neuropathic pain and possibly for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration and psychological assessment. Side effects, including excessive sedation, should be assessed. There is a significant lack of clinical evidence of an objective assessment of the injured worker's pain level. Furthermore, there is a lack of evidence of the efficacy of this medication, or a treatment plan concerning the antidepressant therapy. Furthermore, the request does not indicate the total number of tablets being requested. Therefore, based on the documentation provided, the request is non-certified.