

Case Number:	CM13-0072402		
Date Assigned:	01/08/2014	Date of Injury:	05/05/2003
Decision Date:	04/30/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/31/2013

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 patient is a 49-year-old male who reported an injury on 05/05/2003. The mechanism of injury was not provided, nor was the patient's medication history. The documentation of 11/11/2013 revealed the patient had daily localized low back pain and stiffness. The patient indicated the pain level with medication was 6/10. The patient's diagnosis was status post L4-5 arthroplasty and L5-S1 anterior lumbar interbody fusion on 06/28/2013. The treatment plan included a refill of medications and a prescription for gabapentin and to follow up with laboratory studies and medications to evaluate the liver and kidney status due to long-term medication usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 2.5/325MG #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 ongoing management Page(s): 60, 78.

Decision rationale: California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation indicated the patient's pain was a 6/10 with medications and overall the pain level was 6-7/10, however, there was a lack of documentation indicating the patient's pain level without medications. The clinical documentation submitted for review indicated this medication was refilled. The patient's medication history could not be established through the submitted documentation. However, the injury was reported in 2003 and was chronic in nature. The clinical documentation submitted for review failed to indicate the patient's objective functional improvement with the medication, that the patient was being monitored for aberrant drug behavior and side effects. Given the above, the request for Norco 2.5/325 mg #60 is not medically necessary.

FEXMID 7.5MG #60: Upheld

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

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

Decision rationale: California MTUS Guidelines recommend muscle relaxants as a second-line option for the short-term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated this medication was refilled. The patient's medication history could not be established through the submitted documentation. However, the injury was reported in 2003 and was chronic in nature. However, as the use is not supported for longer than 3 weeks and there was lack of documentation of objective functional improvement with the medication, the request for Fexmid 7.5 mg #60 is not medically necessary.

GABAPENTIN 600MG #60: Upheld

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

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

Decision rationale: California MTUS Guidelines recommend antiepileptic medications as a first-line medication for treatment of neuropathic pain. The clinical documentation submitted for review failed to indicate the patient had neuropathic pain. There was lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for gabapentin 600 mg #60 is not medically necessary.

LAB TEST INCLUDING CBC, CHEM PANEL, AND SED RATE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Laboratory Testing Page(s): 70. Decision based on Non-MTUS Citation <http://labtestsonline.org/understanding/analytes/esr/tab/test/>

Decision rationale: California MTUS Guidelines indicate that the package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminase within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Sedimentation rate is not address. As such, secondary information was sought, per labtestsonline.org, "An ESR may be ordered when a condition or disease is suspected of causing inflammation somewhere in the body". The clinical documentation submitted for review indicated the patient had been on medications for a long duration. However, there was lack of documentation indicating the results of prior testing, if the patient had previous testing, as the patient reported injury in 2003 and was in the chronic stage. Additionally, the patient's medication history was not provided the support the necessity. There was a lack of documented rationale for a SED rate. Given the above, the request for lab testing including CBC, chem. panel, and SED rate is not medically necessary.