

Case Number:	CM14-0000840		
Date Assigned:	01/22/2014	Date of Injury:	09/23/2005
Decision Date:	06/19/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/02/2014

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, 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 injured worker is a 55-year-old male who reported an injury on September 23, 2005. The mechanism of injury was not provided. The injured worker's medication history included Neurontin, Klonopin, keto/lido/gaba ointment, Butrans, tramadol, Anaprox, Medrox patches and Sintralyne as well as TG Hot in December of 2012. The injured worker underwent prior urine drug screens. The documentation of November 11, 2013, per the chiropractic physician, revealed the injured worker completed his sixth previously authorized chiropractic therapy session and felt that therapy was helpful for varying periods of time but the pain tends to return after a while. The injured worker wanted to continue current therapy which offered some relief of symptoms. The documentation of December 5, 2013, revealed the injured worker had complaints of upper and lower back pain and pain in the left arm. The injured worker stated that chiropractic care had helped him. The injured worker indicated he had less pain in his arms and was able to do more without pain. The pressure in the neck was relieved. The injured worker's pain was 7/10 with medications and 10/10 without medications. The urine drug screen of October 22, 2013 was appropriate for medications. The diagnoses included lumbar radiculopathy and chronic pain syndrome as well as neuropathic pain. The treatment plan included a urine drug screen, additional chiropractic care 2 times a week x3 weeks and a refill of Neurontin 600 mg, 1 tablet every morning and 2 tablets at bedtime, #90, Klonopin 1 mg, 1 tablet by mouth 3 times a day, #90 for anxiety, Butrans patches 20 mcg per hour, 1 patch topically every week for severe pain, #4, Norco 10/325 mg 1 by mouth every 6 hours, #120 as needed for breakthrough pain, Anaprox 550 mg 1 tablet by mouth, #60, Sintralyne-PM, 1 by mouth at bedtime for insomnia, #30 and a refill of Ketoflex ointment, apply topically 3 times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE URINE DRUG SCREEN: Upheld

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 ONGOING MANAGEMENT Page(s): 78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend urine drug screens for injured workers who have documented issues of addiction, abuse and poor pain control. The clinical documentation submitted for review indicated the injured worker had undergone a urine drug screen in October of 2013. There was a lack of documentation indicating the injured worker had issues of addiction, abuse or poor pain control. The request for one urine drug screen is not medically necessary or appropriate.

6 CHIROPRACTIC SESSIONS: Upheld

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 MANUAL THERAPY Page(s): 58, 59.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that manual therapy and manipulation are recommended for chronic pain. Therapy is recommended initially for a therapeutic trial of 6 sessions and if chiropractic treatment is going to be effective there should be outward signs of subjective or objective improvement within the first six visits. Treatment beyond four to six visits should be documented with objective improvement in function. The maximum duration is eight weeks and at eight weeks patients should be re-evaluated. Care beyond eight weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. The injured worker had six sessions and "felt decreased pain"; however, there was a lack of documentation of objective functional benefit received. The request, as submitted, failed to indicate the body part to be treated with the chiropractic sessions. The request for six chiropractic sessions is not medically necessary or appropriate.

ONE PRESCRIPTION OF NEURONTIN 600MG #90: Upheld

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
ANTIPILEPTIC DRUGS Page(s): 16.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend antiepileptic medications for the treatment of neuropathic pain. There should be documentation of a decrease in pain and an increase in objective function. The medication was noted to be utilized since 2012. The clinical documentation submitted for review indicated the injured worker had an objective decrease in pain; however, there was a lack of documentation of objective functional improvement from the medication. The request, as submitted, failed to indicate the frequency for the requested medication. The request for Neurontin 600mg, ninety count, is not medically necessary or appropriate.