

Case Number:	CM14-0002507		
Date Assigned:	01/24/2014	Date of Injury:	05/13/2010
Decision Date:	06/19/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/07/2014

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 & Rehabilitation, 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 injured worker is a 42-year-old female who reported an injury on 05/13/2010. The mechanism of injury was not stated. Current diagnoses include lumbar facet arthropathy, lumbar radiculopathy, right knee pain, chronic pain, and status post right knee surgery times 2. The injured worker was evaluated on 12/30/2013. The injured worker reported 8/10 pain with medication. Physical examination revealed tenderness to palpation of the spinal vertebral area at L4-S1, moderately limited range of motion of the lumbar spine secondary to pain, and no gross abnormality. Treatment recommendations at that time included continuation of Soma 350 mg, gabapentin 300 mg, ibuprofen 800 mg, Butrans 5 mcg per hour, and Norco 10/325.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION PURCHASE OF GABAPENTIN 300MG, #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 CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 16-18.

Decision rationale: California MTUS Guidelines indicate antiepilepsy drugs are recommended for neuropathic pain. According to the documentation submitted, the injured worker has utilized

gabapentin 300 mg since 04/2013. Despite ongoing use, the injured worker continues to report persistent pain with radiation into bilateral upper and lower extremities rated 8/10 with medication. There is no evidence of objective functional improvement. There is also no frequency listed in the current request. Therefore, the request is non-certified.

PRESCRIPTION PURCHASE OF BUTRANS 5MCG 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 CHRONIC PAIN MEDICAL TREATMENT GUIDELINES. Page(s): 26-27.

Decision rationale: California MTUS Guidelines indicate buprenorphine is recommended as an option for chronic pain, after detoxification in patients who have a history of opiate addiction. There is no documentation of opiate addiction or a previous detoxification. The injured worker has utilized Butrans 5 mcg patch since 04/2013 without any evidence of objective functional improvement. There is also no frequency listed in the current request. As such, the request is non-certified.

PRESCRIPTION PURCHASE OF NORCO10/325MG, #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 CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, SECTION OPIOIDS. Page(s): 74-82.

Decision rationale: California MTUS Guidelines indicate 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 injured worker has utilized Norco 10/325 mg since 04/2013 without any evidence of objective functional improvement. There is also no frequency listed in the current request. As such, the request is non-certified.

PRESCRIPTION PURCHASE OF IBUPROFEN 800MG, #90: 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 CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, SECTION NSAIDS Page(s): 67-72.

Decision rationale: California MTUS Guidelines indicate NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line treatment after acetaminophen. The injured worker has utilized ibuprofen 800 mg since 04/2013 without any evidence of objective functional improvement. Guidelines do not recommend long term use of NSAIDs. There is also no frequency listed in the current request. As such, the request is non-certified.

PRESCRIPTION PURCHASE OF SOMA 350MG, #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 CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, SECTION MUSCLE RELAXANTS (FOR PAIN) Page(s): 63-66, 124.

Decision rationale: California MTUS Guidelines indicate muscle relaxants are recommended as nonsedating second line options for short term treatment of acute exacerbations. Soma should not be used for longer than 2 to 3 weeks. The injured worker has utilized Soma 350 mg since 04/2013. There is no evidence of objective functional improvement. There is also no documentation of palpable muscle spasm or spasticity upon physical examination. There is no frequency listed in the current request. Based on the clinical information received, the request is non-certified.