

Case Number:	CM14-0005000		
Date Assigned:	01/24/2014	Date of Injury:	05/01/2013
Decision Date:	06/20/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/12/2014

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 52-year-old male who reported an injury on 05/01/2013 after a fall from a chair. The injured worker's treatment history included medications. The injured worker was evaluated on 09/12/2013. It was documented that the injured worker's medications included Flexeril 10 mg, Naprosyn 500 mg, Neurontin 300 mg, and Norco 10/325 mg, and Skelaxin 400 mg. It was documented that the injured worker was taking medications as prescribed. However, there was no increase in activity level and it was noted that the injured worker complained that his medications were less effective. The injured worker's diagnoses included lumbar radiculopathy and lumbar facet syndrome. A request was made to refill the injured worker's medications. The injured worker was evaluated on 12/16/2013. It was documented that the injured worker had not had medications for a long period of time and was experiencing 10/10 pain with a decreased activity level and poor sleep patterns secondary to pain. The injured worker's medications at that appointment included Naprosyn 500 mg, Neurontin 300 mg, Norco 10/325 mg, Kadian 10 mg, and Skelaxin 400 mg. A request was made for refill of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE USAGE OF PRESCRIPTION OF NEURONTIN 300MG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy Drugs (AE).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Chronic Pain and Anti-Epileptics Page(s): 60, 16.

Decision rationale: The prospective usage of prescription of Neurontin 300 mg #90 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the use of anticonvulsants as a first line medication in the management of chronic pain. The clinical documentation submitted for review does indicate that the injured worker has been on this medication for an extended period of time. California Medical Treatment Utilization Schedule recommends that medications used in the management of chronic pain be supported by documentation of functional benefit and evidence of pain relief. The clinical documentation does indicate that the injured worker has 10/10 pain without medications. However, there is no documentation of a reduction in pain due to medication usage. Additionally, there is no documentation of functional benefit with medication usage. The request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, appropriateness of the request itself cannot be determined. As such, the prospective usage of prescription of Neurontin 300 mg #90 is not medically necessary or appropriate.

PROSPECTIVE USAGE OF PRESCRIPTION OF SKELAXIN 400MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Non-Sedating Muscle Rel. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NON-SEDATING MUSCLE RELAXANTS,

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

Decision rationale: The prospective usage of prescription of Skelaxin 400 mg #90 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends short durations of treatment of muscle relaxants not to exceed 2 to 3 weeks for acute exacerbations of chronic pain. The clinical documentation does indicate that the injured worker has been on this medication for an extended period of time. Therefore, continued use would not be supported. Also, the request as it is submitted does not provide a frequency of treatment. In the absence of this information, the appropriate of the request itself cannot be determined. As such, the prospective use of prescription of Skelaxin 400 mg #90 is not medically necessary or appropriate

PROSPECTIVE USAGE OF PRESCRIPTION OF NORCO 10/325MG, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Opioids, On-Going.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Opioids, On-Going Management Page(s): 78.

Decision rationale: The prospective usage of prescription Norco 10/325 mg #30 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the ongoing use of opioids be supported by ongoing documentation of functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker has been on this medication for an extended period of time. The clinical documentation fails to provide any evidence of a quantitative assessment of pain relief. There is no documentation of functional benefit. There is no documentation that the injured worker is monitored for aberrant behavior. Therefore, continued use of this medication would not be supported. Also, the request does not specifically identify a frequency of treatment. In the absence of this information, the appropriate of the request itself cannot be determined. As such, the requested Norco 10/325 mg #30 is not medically necessary or appropriate.

PROSPECTIVE USAGE OF PRESCRIPTION OF KADIAN 10MG, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids, On-Going Manag.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Opioids, On-Going Management Page(s): 78.

Decision rationale: The prospective usage of prescription of Kadian 10 mg #30 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the ongoing use of opioids be supported by ongoing documentation of functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker has been on this medication for an extended period of time. The clinical documentation fails to provide any evidence of a quantitative assessment of pain relief. There is no documentation of functional benefit. There is no documentation that the injured worker is monitored for aberrant behavior. Therefore, continued use of this medication would not be supported. Also, the request does not specifically identify a frequency of treatment. In the absence of this information, the appropriate of the request itself cannot be determined. As such, the requested Kadian 10 mg #30 is not medically necessary or appropriate.

PROSPECTIVE USAGE OF PRESCRIPTION OF NAPROSYN 500MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Medications for Chronic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Medications for Chronic pain and NSAIDs (Non-Steroida.

Decision rationale: The prospective use of prescription of Naprosyn 500 mg #60 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend the use of non-steroidal anti-inflammatory drugs in the management of chronic pain. The clinical documentation does indicate that the injured worker has been on this medication for

an extended duration of time. The California Medical Treatment Utilization Schedule also recommends the continued use of medications in the management of chronic pain be supported by documented functional benefit and pain relief. The clinical documentation does indicate that the injured worker has 10/10 pain without medications. However, documentation of a reduction of pain due to medication usage was not provided. Additionally, there is no indication that the injured worker received functional benefit related to medication usage. Therefore, continued use of this medication would not be supported. Also, the request as it is submitted does specifically identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Naprosyn 500 mg #60 is not medically necessary or appropriate.