

Case Number:	CM14-0007057		
Date Assigned:	02/07/2014	Date of Injury:	09/21/2006
Decision Date:	07/21/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/15/2014

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. 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 female who reported an injury on 09/21/2006. The diagnosis includes depressive disorder NEC. Prior treatments included physical therapy. The injured worker was noted to be on opiates and Neurontin as of 2012. The documentation of 10/04/2013 revealed the injured worker as utilizing Protonix and Voltaren cream. The mechanism of injury was a slip and fall. The injured worker was treated with acupuncture, medications, physical therapy, as well as cognitive behavioral therapy. The documentation of 12/02/2013 revealed the injured worker had no interval changes. The injured worker continued to ambulate with a walker and the gait was antalgic; however, it was noted to be improved. The diagnoses included chronic pain, other; pain in joint, upper arm; degenerative cervical intervertebral disc; degenerative lumbosacral intervertebral disc; cervicgia; lumbago; thoracic/lumbosacral neuritis and radiculitis UNS. It was indicated the treatment plan included Neurontin decreasing gradually to 3 times a day, Norco decreased to 7.5 mg, Ultram ER, Voltaren XR, and Protonix as well as continue with acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEURONTIN 300MG #90 WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs.

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

Decision rationale: The California MTUS Guidelines recommend antiepileptic medications as a first line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain and objective functional improvement. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least late 2012. There was a lack of documentation of objective functional benefit and a lack of documentation of an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 1 refill without re-evaluation. Given the above, the request for Neurontin 300 mg #90 with 1 refill is not medically necessary.

NORCO 7.5/325MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
MEDICATIONS FOR CHRONIC PAIN; ONGOING MANAGEMENT Page(s): 60; 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and an objective decrease in pain, as well as documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker started the medication in late 2012. There was a lack of documentation of the above criteria. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 7.5/325 mg #90 is not medically necessary.

VOLTAREN XR 100MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
NSAIDS Page(s): 67.

Decision rationale: The California MTUS Guidelines recommend NSAIDs for the short term treatment of acute pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had been utilizing NSAIDs as a topical for 2 months. However, there was a lack of documentation indicating the injured worker was using oral NSAIDs in the supplied documentation and as such, the duration of use for oral NSAIDs could not be established. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Voltaren XR 100 mg #60 is not medically necessary.

PROTONIX 20MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California MTUS Guidelines recommend proton pump inhibitors for the treatment of dyspepsia. There should be documentation of the efficacy for the requested medication. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for at least 2 months. There was a lack of documentation of efficacy for the requested medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Protonix 20 mg #60 is not medically necessary.