

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0007714 | | |
| Date Assigned: | 02/10/2014 | Date of Injury: | 10/26/2007 |
| Decision Date: | 07/11/2014 | UR Denial Date: | 01/03/2014 |
| Priority: | Standard | Application Received: | 01/21/2014 |

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 & 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 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 57-year-old female who has filed a claim for lumbar disc degeneration and disc displacement associated with an industrial injury date of October 26, 2007. A review of progress notes indicates low back pain radiating to the left lower extremity. There is tingling up to the foot. Patient also reports trouble sleeping, with 2-3 hours of sleep typically. Findings include tenderness of the lumbar region, more on the left; tenderness over the left sciatic notch; and positive left leg lift. Patient is morbidly obese and ambulates with a cane. The treatment to date has included NSAIDs, opioids, gabapentin, physical therapy, chiropractic therapy, acupuncture, psychological therapy, and lumbar epidural steroid injections. A utilization review from January 03, 2014 denied the request for 6 months of [REDACTED] membership or a gym with a pool, as there was no improvement from swimming exercises since 2012; and Motrin 800mg as there was no significant improvement with use of this medication. There is modified certification for Norco 10/325mg for #30 for a one-month trial, and Neurontin 300mg for #42 as there was no documentation of improvement, and thus tapering was initiated.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 MONTHS OF [REDACTED] MEMBERSHIP OR A GYM WITH A POOL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Gym memberships..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Gym memberships.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, gym memberships are not recommended unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Treatment needs to be monitored and administered by medical professionals. With unsupervised programs, there is no information flow back to the provider, and there may be risk of further injury to the patient. In this case, patient has had pool therapy in the past, and notes it to be beneficial. However, there is no documentation regarding the benefits derived from previous pool therapy sessions. Also, self-directed aquatic exercises are not recommended, as there is the risk of further injury to the patient. Therefore, the request for 6 months of [REDACTED] membership or a gym with a pool was not medically necessary.

NORCO 10/325MG #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Opioids, criteria for use Page(s): 76-78.

Decision rationale: According to pages 76-78 of CA MTUS Chronic Pain Medical Treatment Guidelines, a therapeutic trial of opioids is recommended in cases where non-opioid analgesics have failed, goals of therapy have been set, baseline pain and functional assessments have been made, likelihood of improvement is present, and likelihood of abuse or adverse outcome is absent. Patient has been on this medication since December 2013. Patient was started on one tablet a night, which had been insufficient. Dosing was increased to 2 tablets per night in January 2014, which works well. Patient reports decreased pain levels, and increased ability to walk and perform activities of daily living. Continuing this patient on Norco is reasonable at this time as there is documentation of subjective decrease in pain scores and increase in patient's functionality. Therefore, the request for Norco 10/325mg #60 was medically necessary.

NEURONTIN 300MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTI-EPILEPSY DRUGS,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Antiepilepsy drugs (AEDs) Page(s): 16-18.

Decision rationale: As stated on pages 16-18 in the CA MTUS Chronic Pain Medical Treatment Guidelines, gabapentin is useful for treating diabetic painful neuropathy and post herpetic neuralgia, and is considered first-line for neuropathic pain. Patient has been on this medication since at least December 2012. Progress note from September 2013 reports decreasing effectiveness of this medication. Although this patient complains of neuropathic pain, there is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. Also, the requested quantity exceeds the patient's current dosage regimen of 3 tablets daily. Therefore, the request for Neurontin 300mg #180 was not medically necessary.

MOTRIN 800MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: NSAIDs (nonsteroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : NSAIDs (nonsteroidal anti-inflammatory drugs) Page(s): 67-69.

Decision rationale: As stated on pages 67-69 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and there is no evidence of long-term effectiveness for pain or function. Patient has been on this medication since at least February 2009. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. Therefore, the request for Motrin 800mg #180 was not medically necessary.