

Case Number:	CM14-0100029		
Date Assigned:	09/23/2014	Date of Injury:	09/11/2012
Decision Date:	10/22/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/30/2014

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 Internal Medicine has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 50 year old female with date of injury 9/11/2012. The mechanism of injury is stated as an object hitting her head from above. The injured worker has complained of right sided neck pain, right shoulder pain and lower back pain since the date of injury. She has been treated with physical therapy, trigger point injections, epidural steroid injections and medications. There are no radiographic data included for review. Objective: decreased and painful range of motion of the lumbar spine, positive trigger points cervical spine, positive Spurling's sign, positive trigger point in right sciatic notch region. Diagnoses: cervical spine disc disease, low back pain, post-concussive syndrome. Treatment plan and request: Norco, Norflex, Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg QTY 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 76-85, 88-89.

Decision rationale: This 50 year old female has complained of right sided neck pain, right shoulder pain and lower back pain since date of injury 9/11/2012. She has been treated with physical therapy, trigger point injections, epidural steroid injections and medications to include opioids since at least 05/2013. The current request is for Norco. No treating physician reports adequately assess the injured worker with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not medically necessary.

Norflex 100mg QTY:60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41.

Decision rationale: This 50 year old female has complained of right sided neck pain, right shoulder pain and lower back pain since date of injury 9/11/2012. She has been treated with physical therapy, trigger point injections, epidural steroid injections and medications to include muscle relaxants since at least 03/2013. The current request is for Norflex. Per the MTUS guidelines cited above, muscle relaxant agents (Norflex) are not recommended for chronic use and should not be used for greater than 2-3 week duration. Additionally, they should not be used with other agents. On the basis of these MTUS guidelines, Norflex is not medically necessary.

Neurontin 600mg QTY 60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin Page(s): 49.

Decision rationale: This 50 year old female has complained of right sided neck pain, right shoulder pain and lower back pain since date of injury 9/11/2012. She has been treated with physical therapy, trigger point injections, epidural steroid injections and medications. The current request is for Neurontin (Gabapentin). Gabapentin is a first line agent used for the treatment of neuropathic pain, effective for the treatment of post herpetic neuralgia and diabetic neuropathy. There is no documentation in the available medical records which supports the presence of any of these diagnoses. On the basis of the MTUS guidelines cited above and the available medical documentation, Gabapentin is not medically necessary.