MAXIMUS Federal Services

Case Number:	CM14-0101776		
Date Assigned:	09/16/2014	Date of Injury:	02/04/2007
Decision Date:	10/20/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/01/2014

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 Occupational Medicine 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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 4, 2007.Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; opioid therapy; earlier lumbar spine surgery; and unspecified amounts of physical therapy over the course of the claim.In a Utilization Review Report dated June 6, 2014, the claims administrator denied a request for gabapentin and partially certified request for Tylenol No. 4, apparently for weaning purposes.The applicant's attorney subsequently appealed.In a handwritten note dated July 29, 2014, the applicant reported persistent complaints of low back pain, 6-8/10. Ongoing usage of Tylenol No. 4 reportedly reduced the applicant's pain complaints to 4/10. The applicant was able to do more household chores, it was stated. The applicant was also using gabapentin and tizanidine, it was further noted. Reduced sensorium was noted about the legs. The applicant was asked to continue Tylenol No. 4 on an as-needed basis. The applicant was apparently given 60 tablets of the same. The attending provider stated that the applicant last filled Tylenol No. 4 on February 12, 2014. The applicant was asked to employ gabapentin, conversely, on a daily basis for neuropathic pain complaints. The applicant was asked to discontinue diclofenac owing to issues with gastritis.In a handwritten note dated May 21, 2014, the applicant was placed off of work, on total temporary disability, for an additional four weeks. On this occasion, it was stated that the applicant was about the same since the last visit but that her hand was reportedly worse. Neurontin, tizanidine, Tylenol No. 4, and omeprazole were all renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin section 9792.20f Page(s): 19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants on gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as a result of the same. In this case, however, the applicant is off of work, on total temporary disability. Ongoing usage of gabapentin has failed to curtail the applicant's dependence on opioid agents such as Tylenol No. 4. While the attending provider has reported some improvement in ability to perform household chores with ongoing medication usage, this has not been elaborated or expounded upon and is seemingly outweighed by the applicant's failure to return to any form of work here. Therefore, the request is not medically necessary.

Tylenol No. 4 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: Tylenol #4.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work, on total temporary disability. While the attending provider reported on one occasion that the applicant's pain scores were reduced with ongoing Tylenol No. 4 usage, the attending provider has failed to outline any material improvements in function achieved as a results of the same. The attending provider's commentary to the effect that the applicant's ability to perform household chores has been improved as a result of ongoing Tylenol No. 4 usage has not been elaborated or expounded upon and is, furthermore, seemingly outweighed by the applicant's failure to return to any form of work, several years removed from the date of injury. Therefore, the request is not medically necessary.