

Case Number:	CM14-0107750		
Date Assigned:	08/01/2014	Date of Injury:	11/30/2005
Decision Date:	09/30/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/10/2014

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:

Injured worker is a male with date of injury 11/30/2005. Per primary treating physician's progress report dated 4/23/2014, the injured worker complains of numbness in face for past 1-2 days (since 4/21 or 4/22/2014). He has had bowel and bladder incontinence 4 times per month. He has increased cervical spine pain traveling into the left arm and increased weakness in his hands. He is unable to walk, using a wheelchair given by a friend. He is waiting for hand control motor vehicle with wheelchair ramp. He has severe bilateral lower extremity spasm with increased pain especially when sitting for long period. He has increased abdominal and stomach pain. There is severe lumbar spine pain traveling to lower extremities with weakness and numbness. There is severe pain in the shoulder traveling to fingers with weakness and numbness. He also complains of headaches, depression and erectile dysfunction. On examination he has T3 level spastic paraparesis. He is wheelchair bound and cannot walk. He uses a diaper at night. He has severe left lower extremity paresthesia, hypalgesia, allodynia, and atrophy. There is thinning of his skin. Jamar is 60, 40, 30 on right and 60, 30, 20 on left. Upper extremity weakness, 5-/5 on left greater than right with significant fatigue. Diagnoses include 1) severe depression with suicidal ideation 2) headaches 3) cervical and lumbar spine pain 4) spinal arachnoiditis 5) left lower extremity reflex sympathetic dystrophy, severe 6) right mid tib-fib fracture with 3 mm displacement status post ORIF 7) right foot osteopenia, severe 8) occasional bowel and bladder incontinence.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 10/760 mg, QTY: 360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80, 81, 82 and 83.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. They do provide guidance on the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Continued opioid pain medications may be used if functional improvement is documented or the patient is able to return to work as a result of opioid pain management. The clinical documents do not provide information regarding the efficacy of opioid pain medication, or indicate any functional improvement as a result of opioid pain medication use. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to maintain treatment. The request for Vicodin 10/760 mg, QTY: 360 is determined to not be medically necessary.

Ensure QTY: 270: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain chapter, Medical Food section.

Decision rationale: The MTUS Guidelines do not address the use of medical food. The ODG does recommend the use of medical food within established criteria. Medical food, such as Ensure, is defined as a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. To be considered the product must, at a minimum, meet the following criteria: (1) the product must be a food for oral or tube feeding; (2) the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; (3) the product must be used under medical supervision. The medical documentation does not explain why Ensure is necessary for this injured worker, so medical necessity has not been established. The request for Ensure QTY: 270 is determined to not be medically necessary.

Gabapentin 600 mg, QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin), Antiepilepsy Drugs (AEDS) Page(s): 18, 19 and 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs section Page(s): 16-19.

Decision rationale: The MTUS Guidelines recommend the use of antiepilepsy drugs (AEDs) for neuropathic pain. Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain. The recommended trial period with gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. The patient should be asked at each visit as to whether there has been a change in pain or function. The clinical documents provided for review do not indicate an assessment of the efficacy or necessity of Gabapentin. The request for Gabapentin 600 mg, QTY: 120 is determined to not be medically necessary.