

Case Number:	CM14-0108400		
Date Assigned:	08/01/2014	Date of Injury:	10/05/2007
Decision Date:	09/26/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/11/2014

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 Nevada. 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 records presented for review indicate that this 56-year-old man was reportedly injured on October 5, 2007. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated April 30, 2014, indicates that there are ongoing complaints of low back pain with numbness in the left leg. Current medications include Norco, and Neurontin which are stated to provide 90% - 95% symptomatic relief and improve his abilities to participate in activities of daily living. The physical examination demonstrated a positive left-sided straight leg raise test and decreased sensation in the L5 dermatomes. Diagnostic imaging studies of the lumbar spine identified a disc protrusion at L3 - L4. Nerve conduction studies revealed a chronic L4 and L5 left-sided radiculopathy. Previous treatment includes physical therapy and a home exercise program. A request had been made for Norco, Neurontin, Flurbiprofen 20%, Ketoprofen 20% Ketamine 10%, Gabapentin 10%, Cyclobenzaprine 10%, Capsaicin 0.0375% cream, and a urine drug test and was not certified in the pre-authorization process on June 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Interventions and Treatments, Under Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 74-78 of 127.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain and the progress note dated April 30, 2014, states that Norco provides excellent pain relief and allows him to participate in activities of daily living. As such, this request for Norco is medically necessary.

Neurontin 600mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Antiepilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 16-20, 49 of 127.

Decision rationale: According to the progress note dated April 30, 2014, the injured employee has signs and symptoms of a lower extremity radiculopathy and states that Neurontin provides excellent pain relief for him. Considering this, this request for Neurontin 600 mg is medically necessary.

Flurbiprofen 20%, Ketoprofen 20% Ketamine 10%, Gabapentin 10%, Cyclobenzaprine 10%, Capsaicin 0.0375% Cream 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Postsurgical Treatment Guidelines Page(s): 17-18. Decision based on Non-MTUS Citation Official Disability Guidelines: (May 2009) Par2- Pain Interventions and Treatments, Non-Steroidal Anti-Inflammatory Medications. Topical Analgesic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents. Considering this, the request for Flurbiprofen 20%, Ketoprofen 20% Ketamine 10%, Gabapentin 10%, Cyclobenzaprine 10%, Capsaicin 0.0375% cream is not medically necessary.

Urine Drug Test: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Drug testing MTUS (Effective July 18, 2009) Page(s): 43 of 127.

Decision rationale: The California MTUS Guidelines support urine drug screening as an option to assess for the use or the presence of illegal drugs; or in patients with previous issues of abuse, addiction or poor pain control. Given the lack of documentation of high risk behavior, previous abuse or misuse of medications, the request for urine drug test is not medically necessary.