MAXIMUS Federal Services

Case Number:	CM14-0011138		
Date Assigned:	02/21/2014	Date of Injury:	08/20/2009
Decision Date:	08/18/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/28/2014

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 patient is a 49-year-old female who has filed a claim for lumbosacral spondylosis without myelopathy associated with an industrial injury date of August 20, 2009. Review of progress notes indicates back pain radiating to the lower extremities with muscle spasms; neck pain radiating to the bilateral upper extremities up to the hands, associated with numbness and tingling; and sharp pain traveling up to the head with severe constant headaches. Patient reports a decrease in pain level from 9 to 3/10 with increased activities of daily living and functional capacity on Norco and Neurontin. Examination of the cervical spine showed tenderness over the musculature, positive axial compression test on the left, decreased range of motion, and decreased sensation in the right C6. Findings of the lumbar spine include decreased range of motion, tenderness with muscle guarding, positive straight leg raise test bilaterally, and decreased sensation to the L5-S1 distribution bilaterally. Electrodiagnostic study of the bilateral lower extremities dated August 14, 2012 was normal. CT of the lumbar spine dated July 16, 2013 showed post-fusion changes at L4-S1 with intervertebral body fusion. Treatment to date has included opioids, muscle relaxants, home exercise program, aquatherapy, physical therapy, electrical muscle stimulation, and lumbar spinal surgery in January 2012. Utilization review from January 14, 2014 denied the requests for trial therapy for treatment of CRPS, FMS, lumbar spine spinal stenosis or post-op pain (8-10 weeks) as patient is already on Neurontin; follow-up internal medicine/[redacted] as there was no detailed documentation of the internal medicine or psychiatric conditions; home care assistance 4 hours per day, 5 days per week for 6 weeks to aid household chores as medical treatment does not include homemaker services. There was modified certification of Norco 10/325mg for #105 as there was no documentation of efficacy or medication monitoring; and Neurontin/gabapentin 600mg for #30 as there was no documentation of efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up with internal med/[redacted]: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 76-80.

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

Decision rationale: CA MTUS does not address this topic specifically. ODG was used instead. ODG states that evaluation and management outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. Progress note from 2012 indicate that the patient has diagnoses of gastroesophageal reflux disease secondary to NSAID use, obstructive sleep apnea, iron deficiency anemia, and constipation. Patient was prescribed Prilosec and Colace, and was advised dietary and behavioral modifications. Recent progress notes indicate that the patient does not complain of gastrointestinal symptoms or shortness of breath, for which an internal medicine consult is necessary. Therefore, the request for follow-up with internal medicine was not medically necessary.

Home care assistance 4 hours per day, 5 days per week for 6 weeks to aid household chores (cooking, cleaning meal prep etc): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: As noted on page 51 of the CA MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week, which does not include homemaker services. There is no documentation regarding functional limitations; the patient reports decreased pain and increased ability to function with the current medications. Also, household chores are not included in medically necessary services. Therefore, the request for home care assistance 4 hours per day, 5 days per week for 6 weeks to aid household chores was not medically necessary.

Neurontin/Gabapentin 600 mg # 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 17-19.

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 postherpetic neuralgia, and is considered first-line for neuropathic pain. Patient has been on this medication since December 2013. In this case, the patient has been experiencing worsening of neck and back pain with neurologic deficits, and reports decreased pain level from 9/10 to 3/10 and increased ability to perform activities of daily living with Norco and Neurontin. Continuation of this medication is reasonable at this time to manage the patient's neuropathic pain symptoms. Therefore, the request for Neurontin/Gabapentin 600mg #60 is medically necessary.

Office visit follow up: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

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

Decision rationale: CA MTUS does not address this topic specifically. ODG was used instead. ODG states that evaluation and management outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. An office visit follow-up is necessary at this time to assess the trial of Gabapentin therapy and to assess the efficacies of other prescribed medications. Previous utilization review determination, dated January 14, 2014, has already certified this request. Therefore, the request for office visit follow up was not medically necessary.

Norco 10/325 mg # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; On-Going Management Page(s): 78-82.

Decision rationale: As noted on pages 78-82 of the CA MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Patient has been on this medication since January 2013. Although the patient reports decreased pain levels and increased functional abilities while on this medication, there is no documentation of periodic urine drug screens to monitor medication use. Therefore, the request for Norco 10/325mg #120 was not medically necessary.

Therapy for treatment of CRPS, FMS, lumbar spine spinal stenosis or post op pain (8-10 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI EPILEPSY DRUGS Page(s): 17-19.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The specific therapeutic regimen for 8-10 weeks is not indicated. The patient is currently on Neurontin for which these conditions can be managed. Also, the patient does not present with findings consistent with CRPS, lumbar spinal stenosis, or fibromyalgia, to support this request. Therefore, the request for therapy for treatment of CRPS, FMS, lumbar spine spinal stenosis or post-op pain (8-10 weeks) was not medically necessary.