

Case Number:	CM14-0018154		
Date Assigned:	04/16/2014	Date of Injury:	04/23/1998
Decision Date:	06/03/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/12/2014

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 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 injured worker is a 62 year old male who reported an injury on 04/23/1998 due to an unknown mechanism. His current physical exam dated 02/24/2014 indicated constant aching low back pain 8-9/10. He is working as pain allows, which is very limited. The injured worker reports that medication authorizations have been withheld, increasing his overall pain. He is wearing a back brace. His lumbar flexion is limited by pain and guarding to 45 degrees, the extension is limited to returning to neutral by pain over the lumbar spine. His rotation is limited by pain elicited over the SI joints and lumbosacral spine to 30 degrees bilaterally. The injured worker's deep tendon reflexes are equal and weak at the patella 0.5+, and very hard to obtain weak reflexes at the ankles. He will continue to use home conservative therapy and his current medications are Oxycodone IR 10mg, Flexeril 10 mg, and Gabapentin 600mg. The request of authorization was received on 11/22/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF OXYCONTIN 20MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management, Page(s): 78.

Decision rationale: The request for 1 prescription of Oxycontin 20mg #120 is non-certified. The injured worker reports constant aching low back pain 8-9/10. Chronic Pain Medical Treatment Guidelines recommend the 4 A's for ongoing monitoring, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially Aberrant (or nonadherent) drug-related behaviors. There is inadequate documentation of the injured workers pain relief or physical function. As such, the request is not medically necessary.

UNKNOWN PRESCRIPTION FOR GABAPENTIN: Upheld

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

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

Decision rationale: The request for unknown prescription for Gabapentin is non-certified. The Chronic Pain Medical Treatment Guidelines indicate Gabapentin in an anti-epilepsy drug (AEDs-also referred to as anti-consultants), which 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 injured worker was neuropathic pain. However, the request does not provide frequency, dosage, or quantity. Therefore, per Chronic Pain Medical Treatment Guidelines the unknown prescription for Gabapentin is not medically necessary.

UNKNOWN PRESCRIPTION FOR PEPCID: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (NSAID) non-steroidal anti-inflammatory drugs, Page(s): 68.

Decision rationale: The request for unknown prescription for Pepcid is not medically necessary. The injured worker's current medication are Oxycodone, Flexeril and Gabapentin. The Chronic Pain Medical Treatment Guidelines regarding Pepcid indicate patients at risk for gastrointestinal events are recommended for an H2 blocker. Due to his current medications regimen, the use of Pepcid is not indicated. There is a lack of documented GI symptoms. Furthermore, the request does not provide frequency, dosage, or quantity. Therefore, per Chronic Pain Medical Treatment Guidelines the unknown prescription for Pepcid is not medically necessary.

1 PRESCRIPTION FOR LIDODERM 5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The request for 1 prescription for Lidoderm 5% is not medically necessary. The injured worker continues to report constant pain 8-9/10 to lower back. The Chronic Pain Medical Treatment Guidelines indicates the indication for Lidoderm are neuropathic pain after there has been evidence of a trial of first-line therapy. There is no evidence of functional improvement or decrease in medication noted. Furthermore, the injured worker is currently being recommended for Gabapentin. In addition, the request does not include the quantity of the proposed medication. Therefore, the request for 1 prescription for Lidoderm 5% is not medically necessary.