

Case Number:	CM14-0128718		
Date Assigned:	08/18/2014	Date of Injury:	08/27/2010
Decision Date:	09/18/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/13/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 44-year-old female who reported an injury on 08/27/2010, caused by an unspecified mechanism. The injured worker's treatment history included medications and an MRI of the brain. The injured worker underwent an MRI of the brain without contrast, which revealed no evidence of an intracranial mass lesion. Tortuous optic nerves with prominent bilateral optic nerve sheaths and suggestion of scleral flattening. The findings raised the possibility of papilledema in the setting of pseudotumor cerebri. There was apparent thickening of the uvula and soft palate. Direct visual inspection was recommended to exclude an underlying lesion in this location. The injured worker was evaluated on 04/08/2014, and it was documented that the injured worker was having headaches daily. Within the documentation, the provider noted that the injured worker was using Hydrocodone 10/325 mg 4 times a day. Physical examination revealed she was disoriented, pupils were equal and reactive to light on the right and left. The rest of the notes were illegible. Diagnoses included lumbar radiculopathy. The Request for Authorization or rationale were not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for Norco 10/325 mg #30 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of pain medication management and average pain, intensity of pain, or longevity of pain relief. There was no urine drug screen provided indicating opioids compliance. Furthermore, the request does not include the frequency or duration of medication. In addition, there was no documented evidence of conservative care, such as physical therapy or home exercise regimen outcome measurements noted for the injured worker. Given the above, Norco is not supported by the California Medical Treatment Utilization Schedule (MTUS) guidelines' recommendations. As such, the request is not medically necessary

Flexeril 10mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: The requested service is non-certified. According California (MTUS) Chronic Pain Medical Guidelines recommends Flexeril as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. Cyclobenzaprine-treated patients with fibromyalgia were 3 times as likely to report overall improvement and to report moderate reductions in individual symptoms, particularly sleep. Cyclobenzaprine is closely related to the tricyclic antidepressants and amitriptyline. The documentation submitted lacked evidence of conservative care outcome measurements such as prior physical therapy sessions and medication pain management. There was lack of documentation provided on the injured worker's long term-goals of functional improvement in her home exercise regimen. In addition, the request lacked frequency and duration of the medication. As such, the request for Flexeril 10 mg # 30 is not medically necessary.

Neurontin 300mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

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

Decision rationale: The requested is not medically necessary. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines state that Gabapentin is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia, and has been considered as a first-line treatment for neuropathic pain. Diagnosis included lumbar radiculopathy. The documentation submitted failed to indicate long-term functional goals for the injured worker. In addition, the request did not include frequency of the medication. Given the above, the request for Gabapentin 300 mg #90 is not medically necessary.

Tens Unit Pads: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria
for the use of TENS Page(s): 114-116.

Decision rationale: The requested is not medical necessary. Chronic Pain Medical Treatment Guidelines do not recommend a TENS (Transcutaneous Electrical Neural Stimulation) unit as a primary treatment modality, but a one-month home-based Tens trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence based functional restoration and other ongoing pain treatment including medication usage. It also states that the tens unit is recommended for neuropathic pain including diabetic neuropathy and post-herpetic neuralgia. The guidelines recommend TENS unit treatment as an option for acute post-operative pain in the first thirty days post-surgery. There was lack of documentation of the injured worker attending physical therapy and outcome measurements. The provider failed to indicate long term functional restoration goals for the injured worker. Additionally, the request failed to indicate the quantity of pads. Given the above, the request for TENS Unit pads is not medically necessary.