

Case Number:	CM14-0129622		
Date Assigned:	08/20/2014	Date of Injury:	03/31/1994
Decision Date:	10/22/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/14/2014

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 injured worker is a 52 year-old female who was reportedly injured on March 31, 1994. The most recent progress note, dated May 7 2014, indicates that there are ongoing complaints of itching, low back pain. The physical examination demonstrated a 190 pound individual in no acute distress. There no signs of over sedation or aberrant behavior. A decrease in lumbar spine range of motion is noted. There is tenderness to palpation identified. Diagnostic imaging studies were not reported. Previous treatment includes treatment for MRSA, multiple medications, injection therapies, pain management interventions. A request had been made for Effexor and was not certified in the pre-authorization process on August 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #150 with 4 refills (Express Scripts): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20, 49 of 127.

Decision rationale: As outlined in the MTUS, this medication is a first-line treatment for neuropathic pain. Clearly there is a long history of neuropathic lesions however what is not

presented in the progress notes is that there is any efficacy or utility with the continued uses medication. There are pain complaints being addressed with escalating opioid analgesics (Nucynta) and yet the pain levels continued to be approximately the same. As such, there is insufficient clinical evidence demonstrating the efficacy or utility of this medication. The medical necessity of the continued use has not been established.

Effexor 75mg #90 with 4 refills (Express Scripts): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16 OF 127.

Decision rationale: As noted in the literature and in the MTUS, this is a medication approved for anxiety, depression, panic disorder and social phobias. An off label use includes neuropathic pain. This individual has a clinical situation consistent with a neuropathic pain however there is no noted decrease in the symptomology, increase in the overall functionality or the demonstrators that this has any efficacy whatsoever. There are clinical indications but the reality is that this is simply not working. As such, the medical necessity is not present.

Percocet 10/325mg #120 (Express Scripts): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91 of 127.

Decision rationale: As outlined in the MTUS, opioids are seen as an effective method for controlling chronic pain. Continuation of opioid medications requires improved function, notation of a return to work, or some other parameter that establishes the efficacy of the medication. The guidelines also require the lowest possible dose should be prescribed that improve pain and function and there needs to be ongoing review and documentation of these parameters. In this case, there is no documentation of any significant improvement. The pain levels have reportedly remained the same and assessment of increased functionality has not been established as the injured employee continues to be off work. Subjectively, minimal activities of daily living functions are noted. Accordingly, based on the clinical information presented tempered by the parameters outlined in the MTUS this is not medically necessary.