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| Case Number: | CM14-0135818 | | |
| Date Assigned: | 08/29/2014 | Date of Injury: | 08/19/2010 |
| Decision Date: | 10/23/2014 | UR Denial Date: | 07/30/2014 |
| Priority: | Standard | Application Received: | 08/22/2014 |

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 Pain Management 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 53-year-old female who sustained cumulative trauma from August 19, 2009 to August 19, 2010. She is diagnosed with chronic lumbosacral sprain/strain with multilevel disc degeneration and evidence of L4-L5 annular tear and positive discogram at L4-L5; bilateral L5 radiculopathy per electromyography and nerve conduction study, currently asymptomatic; and chronic low back pain with bilateral sacroiliac joint dysfunction. She was seen on July 17, 2014 for an evaluation. She complained of low back pain and lower extremity pain. She reported that the pain traveled to the buttocks, hips, and lower extremities. She also reported transient numbness and tingling sensations affecting the posterior thighs. The pain was rated at 4/10 with use of medications and 8-9/10 without medications. Examination of the lumbar spine revealed mild to moderate tenderness over the lumbosacral paraspinal musculature, right side greater than left side. Tenderness was also noted over the sacroiliac joints with positive Patrick's, Gaenslen's, anterior superior iliac spines distraction, and sacral/pelvic compression tests. Range of motion was limited. FABER test was positive on the right side and mildly positive on the left side.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 124, and 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: criteria for use, long-term assessment, and specific drug list Page(s): 76-80, 88-89, a.

Decision rationale: The request for Norco 10/325 mg #120 is not considered medically necessary at this time. There was no documentation of contraindications for use of first-line medications for pain or of whether the injured worker had failed a trial of non-opioid analgesics. More so, it has been determined from the reviewed medical records that the injured worker has been taking this medication since March 2014. Guidelines do not support the use of opioids on a long-term basis.

Gabapentin 600mg, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 16-17, 18-19.

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

Decision rationale: The request for Gabapentin 600 mg #60 is not medically necessary at this time. This medication is indicated only for cases of diabetic neuropathy, postherpetic neuralgia, and neuropathic pain. The injured worker does not objectively exhibit any of these conditions, based on the reviewed medical records. Objective findings fell short in substantiating the need for this medication.

Laxacin 50/8.6mg, QTY: 200: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioid-induced constipation treatment

Decision rationale: The request for Laxacin 50/8.6 mg #200 is not medically necessary at this time. From the medical records reviewed, there was no documentation of failure of any of the first-line treatments recommended for opioid-induced constipation to necessitate the use of Laxacin. Moreover, as the requested Norco was not considered medically necessary based on the above-mentioned reasons, Laxacin 50/8.6 mg #200 is not considered medically necessary as well.

MSER (Morphine Sulfate Extended Release) 15mg, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 124 and 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: The request for morphine sulfate extended release 15 mg #60 is not considered medically necessary at this time. There was no documentation of contraindications for the use of first-line medications for pain, or of whether the injured worker failed a trial of non-opioid analgesics. It has also been determined from the reviewed medical records that the injured worker has been taking this medication since March 2014. As previously stated, guidelines do not support the use of opioids on a long-term basis.