

Case Number:	CM14-0139273		
Date Assigned:	09/18/2014	Date of Injury:	07/15/2003
Decision Date:	10/16/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/28/2014

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 Family Medicine, and is licensed to practice in North Carolina. 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 57-year-old with a reported date of injury of 07/15/2003. The patient has the diagnoses of chronic left neck pain and chronic cervical radiculitis. The patient has undergone past cervical fusion at C6/7 as well as cervical epidural injections. Per the progress reports provided by the primary treating physician dated 06/26/2014, the patient had complaints of continued neck pain. The physical exam noted tenderness in the cervical paraspinal muscles with decreased sensation in the C7 and C8 dermatome on the left. The treatment plan recommendations included continuation of pain medications and home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10 MG: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78-84.

Decision rationale: The California MTUS does not recommend the long-term ongoing use of opioids unless certain criteria have been met. One such criterion is the return to work and improvement in function. Per the progress notes provided this patient does continue to work with

the assistance of the medications. While there is a lack of quality outcome measures recorded with the use of the medication in the progress reports, the patient has met the defined criteria set forth above for the continued use of opioids. Therefore the medication is medically necessary.

Lidoderm 5 Percent #30 with 3 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 112.

Decision rationale: The patient currently does have neuropathic pain in the form of cervical radiculitis. The patient is also currently on Gabapentin. However, there is no evidence in the progress notes of a trial and actual failure of first-line therapy for neuropathic pain such as tri-cyclics, SNRI antidepressants or AEDs. IN the absence of such failure of these first-line therapy choices, criteria have not been met for the use of the requested medication. Therefore the request is not medically necessary.

Neurontin 600 MG: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antiepilepsy drugs (AED), Page(s): 18.

Decision rationale: This patient has neuropathic pain in the form of cervical radiculitis. The requested medication is a first-line choice in the treatment off neuropathic pain per the California MTUS. Documentation states the pain is improved up to 30% with this medication with no documented adverse effects. For these reasons the medication is medically necessary.