MAXIMUS Federal Services

Case Number:	CM14-0153075		
Date Assigned:	09/23/2014	Date of Injury:	11/01/2011
Decision Date:	10/24/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/19/2014

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 and is licensed to practice in Illinois. 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 11/01/2011. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of lumbar sprain. Past medical treatment consists of chiropractic therapy, physical therapy, cold packs, medication therapy, and the use of a TENS unit. Medications include topical ointment, Ultracet, and Neurontin. There were no urinalyses or drug screens submitted for review. On 08/18/2014, the injured worker complained of chronic back pain. The physical examination revealed the lumbar spine had a flexion of 60 degrees and slightly painful, extension was 20 degrees and pain free, and right and left lumbar rotations were full and pain free. There was mildly palpable muscle spasm along the right lumbar paraspinal area. Tender lumbar spinous process at L4-5 was noted. Bilateral straight leg raise was negative. Bilateral lower extremity muscle strength was 5/5 except for right ankle palmar flexion which was 4/5. There was decreased sensation along the right S1 dermatome. The treatment plan is for the injured worker to continue the use of medication therapy. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg #60 bid: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti epilepsy Drugs, Neurontin Page(s): 16.

Decision rationale: The request for Neurontin 300 mg is not medically necessary. The California MTUS Guidelines state gabapentin has been shown to be effective for diabetic painful neuropathy and postherpetic neuralgia and has been considered a first line treatment for neuropathic pain. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus the tolerability of adverse side effects. The injured worker has been on the Neurontin since at least 08/2014. The efficacy of the medication was not submitted for review. The provider also did not include a rationale. Given the lack of documentation submitted for review, the injured worker is not within recommended Guidelines. As such, the request is not medically necessary.

Ultracet 37.5/325 up to 3 times per day as needed: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultracet; Ongoing management Page(s): 82, 93, 94, 113; 78.

Decision rationale: The request for Ultracet is not medically necessary. California MTUS states central analgesic drugs such as Ultram (Ultracet) are reported to be effective in managing neuropathic pain and they are not recommended as a first line oral analgesic. The California MTUS recommend that there should be documentation of the 4 A's of ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. An assessment submitted should include pain levels before, during, and after medication administration. The submitted documentation did not indicate the efficacy of the medication nor was it clear if the medication was helping with any functional deficits. There was no diagnosis submitted that was congruent with the recommended Guidelines. Additionally, there was no assessment indicating what pain levels were before, during, and after medication administration. There were no urinalyses or drug screens submitted for review showing that the injured worker was compliant with medications. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

Muscle rub ointment: Upheld

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

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

Decision rationale: The request for muscle rub ointment is not medically necessary. California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. The Guidelines note muscle relaxants are not recommended for topical application. The submitted documentation did not include the efficacy of the medication, nor did it specify what type of topical muscle relaxant the injured worker was using. Additionally, it did not indicate whether it was helping with any functional deficits. The request as submitted did not indicate the type of muscle relaxant, dosage, frequency, or duration. Given the above, the injured worker is not within the recommended guidelines. As such, the request is not medically necessary.