

Case Number:	CM14-0154051		
Date Assigned:	09/23/2014	Date of Injury:	06/07/2004
Decision Date:	10/24/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/22/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine 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 reported an injury on 06/07/2004 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to her neck and low back. Diagnostic studies have included an MRI and EMG/NCV. The injured worker's treatment history included physical therapy and medications. Physical findings included restricted range of motion of the cervical spine secondary to pain and decreased sensation in the C5 dermatomal distribution on the right side. It was noted that the injured worker had tenderness to palpation of the right knee, with swelling and a positive McMurray's test to the right. The injured worker had right knee restricted range of motion. The injured worker's diagnoses included a cervical strain, right shoulder pain, right elbow pain, right carpal tunnel syndrome, L5-S1 disc injury, right knee osteoarthritis, and depression. The injured worker's medications included Norco 5/325 mg, Motrin 800 mg, gabapentin 600 mg, tizanidine 4 mg, and Ultram 50 mg. The injured worker's treatment plan included continuation of medications. No Request for Authorization form was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documented functional benefit, evidence of pain relief, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review does not provide any evidence of significant pain relief or functional benefit resulting from the use of this medication. Additionally, the California Medical Treatment Utilization Schedule recommends ongoing documentation to support continued use. The requested 2 refills does not allow for timely reassessment and documentation of efficacy. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information the appropriateness of the request itself cannot be determined. As such, the requested Norco 10/325mg, #90 with 2 refills is not medically necessary.

Gabapentin 600mg, #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epileptics (AEDs) Page(s): 16.

Decision rationale: The California Medical Treatment Utilization Schedule does recommend the use of anticonvulsants as a first line medication in the management of chronic pain. However, continued use should be supported by at least 30% to 50% pain relief and documented functional benefit. The clinical documentation submitted for review failed to provide a quantitative assessment of the injured worker's pain relief to support continued use. Furthermore, the request is for 3 additional refills. This does not allow for timely reassessment and documentation of efficacy to support continued use. Furthermore, the request as it is submitted did not clearly identify a frequency of treatment. In the absence of this information the appropriateness of the request itself cannot be determined. As such, the requested Gabapentin 600mg, #90 with 3 refills is not medically necessary.

Tizanidine 4mg, #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California Medical Treatment Utilization Schedule does not recommend the use of muscle relaxants in the management of chronic pain. The clinical documentation does support that the injured worker has symptoms that would benefit from a muscle relaxant. However the California Medical Treatment Utilization Schedule recommends

that the use of these types of medications be limited to 2 to 3 weeks. The request exceeds this recommendation. There were no exceptional factors noted to support extending treatment beyond guideline recommendations. Furthermore, the request as it is submitted does not identify a frequency of treatment. In the absence of this information the appropriateness of the request itself cannot be determined. As such, the requested Tizanidine 4mg, #90 with 3 refills is not medically necessary.

Ultram 50mg, #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documented functional benefit, evidence of pain relief, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review does not provide any evidence of significant pain relief or functional benefit resulting from the use of this medication. Additionally, the California Medical Treatment Utilization Schedule recommends ongoing documentation to support continued use. The requested 2 refills does not allow for timely reassessment and documentation of efficacy. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information the appropriateness of the request itself cannot be determined. As such, the requested Ultram 50mg, #90 with 3 refills is not medically necessary.