

Case Number:	CM14-0158038		
Date Assigned:	10/01/2014	Date of Injury:	04/11/2011
Decision Date:	11/25/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/26/2014

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 Utah. 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 59 year-old female. The patient's date of injury is 4/11/2011. The mechanism of injury was a car accident. The patient has been diagnosed with spinal cord injury with myelopathy, cervical disc syndrome, neuropathic pain in bilateral upper extremities, and situational anxiety and depression. The patient's treatments have included physical therapy, injections, imaging studies and medications. The physical exam findings dated July 23, 2014 states the physical exam was deferred due to irritation caused by examinations. Exam of January 15, 2013, shows tenderness in the subacromial space in the right shoulder. Tinel, Phalen and cubital tunnel are positive on the right. There is 3/5 weakness on the right. Deep tendon reflexes are diminished throughout. The patient's medications have included, but are not limited to, Neurontin, Norco. The request is for the above medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600 mg, 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs (AEDs) Page(s): 18 - 19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 18-19.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Neurontin. The clinical records state that the patient's Neurontin is effective, but the pain continues, a second line neuropathic pain medication is also requested. There is no other documentation of pain relief or change in function other than the above line. Guidelines require that a good response to this medication would be a 50% reduction in pain, and a moderate response would be a 30% reduction. This is not stated in the clinical documents. There is no other documentation that the patient has had a good response in pain reduction, or that the patient has not had any side effects from this medication. According to the clinical documentation provided and current MTUS guidelines; Neurontin is not indicated as a medical necessity to the patient at this time.

Norco 10/325 mg, 120 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 75-79.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. According to the clinical documents, it is unclear that the medications are from a single practitioner or a single pharmacy. Some documentation of analgesia is noted. Documentation for activities of daily living, adverse side effects, and aberrant drug usage is unclear at this time. In addition, according to the documentation provided, there has been no significant change in character of the pain; the pain appears to be chronic, lacking indications for fast acting pain control medications. According to the clinical documentation provided and current MTUS guidelines; Norco is not indicated a medical necessity to the patient at this time.

Lyrica 50 mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs (AEDs) Page(s): 19 - 20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-20.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Lyrica. MTUS guidelines state the following: Guidelines require that a good response to this medication would be a 50% reduction in pain, and a moderate response would be a 30% reduction. This is not stated in the clinical documents. The patient is currently on Neurontin. This would be a second line

medication. The clinical records state that the patient's Neurontin is effective, but the pain continues, a second line neuropathic pain medication is also requested. There is no documentation of pain relief of change in function other than the above line. According to the clinical documentation provided and current MTUS guidelines; Lyrica is not indicated as a medical necessity to the patient at this time.

Voltaren cream 100 grams, four tubes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 - 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-112.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Voltaren Gel. MTUS guidelines state the following: for treatment of Osteoarthritis and tendonitis, in areas that are amenable to topical treatment. The back is an area on the body that is not recommended for treatment, the patient also lack a diagnosis of the indication for topical NSAIDs. According to the clinical documentation provided and current MTUS guidelines; Voltaren Gel is not indicated as a medical necessity to the patient at this time.