

Case Number:	CM14-0162830		
Date Assigned:	10/08/2014	Date of Injury:	10/11/2004
Decision Date:	12/03/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/03/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 55 year old male who was injured at work on 10/11/2004. The injured worker is reported to be complaining of worsening low back and bilateral lower extremity pain associated with weakness of the left leg. The pain is 7/10, achy and throbbing, exacerbated by prolonged sitting and standing, but improves with medications and lying down. The report noted he is frustrated by the pain, he is using more Norco than prescribed and he was discharged from a previous practice for using a drug that had not been prescribed. The physical examination revealed loss of Lordosis with straightening of lumbar spine, limited range of motion, positive bilateral Lumbar facet loading, tight left hamstring, decreased sensations in the left thigh. The worker has been diagnosed of Lumbago, failed back syndrome, drug dependence. Treatments have included Surgery to the L4-L5, and L5-S1, pool therapy, Skelaxin Soma, Gabapentin, Tramadol, and Norco as needed. At dispute are the requests for Gabapentin 600mg, Norco 10-325mg, Omeprazole DR 20mg, Orphenadrine ER 100mg, Voltaren XR 100mg #60 refill 2, and Tramadol HCL ER 100 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600 mg: Upheld

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

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

Decision rationale: The medical records provided for review do not indicate a medical necessity for Gabapentin 600 mg. The MTUS recommends continuing the use of the anticonvulsants for treatment of neuropathic pain if there is documented 30% improvement with pain with the medication. Since there is no documentation of such improvement, the requested treatment is not medically necessary and appropriate.

Norco 10-325 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: The medical records provided for review do not indicate a medical necessity for Norco 10-325 mg. The MTUS recommends discontinuing the use of Opioids if the individual is not complying with the terms of the opioid agreement or there is evidence of drug abuse. Therefore, the requested treatment is not medically necessary and appropriate.

Omeprazole DR 20 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs) GI symptoms and car.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68.

Decision rationale: The medical records provided for review do not indicate a medical necessity for Omeprazole DR 20 mg. The MTUS does not recommend the use of the proton pump inhibitors except if the individual is on NSAIDs and has risk factors for adverse gastrointestinal events. These risks include: age greater than 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of Aspirin, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. Since the injured worker does not belong to these groups, the requested treatment is not medically necessary and appropriate.

Orphenadrine ER 100 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 65.

Decision rationale: The medical records provided for review do not indicate a medical necessity for Orphenadrine ER 100 mg. The MTUS recognizes this medication as having been reported to be abused for euphoria and mood elevating effects; therefore, since the injured worker has a history of drug dependence, it is not medically necessary and appropriate for him to be on this medication.

Voltaren XR 100 mg #60 refill 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, non-steroidal anti-inflammatory drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs) Page(s): 67-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Workers' Compensation Drug Formulary, NSAIDS

Decision rationale: The medical records provided for review do not indicate a medical necessity Voltaren XR 100 mg #60 refill 2. Voltaren (Diclofenac) belongs to the group of NSAIDS that are not in the Workers compensation drug formulary as they are considered to be second line drugs. The requested treatment is not medically necessary and appropriate since there is no documentation of lack of benefit with first line NSAIDS. Besides, the MTUS recommends the use of the lowest dose of NSAIDS for the shortest period in patients with moderate to severe pain for treatment of chronic pain; however, this request is for about 4 months' supply. The request is not medically necessary.

Tramadol HCL ER 100 mg: Upheld

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): 79.

Decision rationale: The medical records provided for review do not indicate a medical necessity for Tramadol HCL ER 100 mg 10-325 mg. The MTUS recommends discontinuing the use of Opioids if the individual is not complying with the terms of the opioid agreement or there is evidence of drug abuse. Therefore, the requested treatment is not medically necessary and appropriate as the injured individual is noted to be using more opioids as prescribed.