

Case Number:	CM14-0167426		
Date Assigned:	10/14/2014	Date of Injury:	05/15/2013
Decision Date:	11/17/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/10/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 52 year old male with date of injury 5/15/2013. The mechanism of injury is stated as being struck on the right side of the head and shoulder by heavy machinery. The patient has complained of head, neck and shoulder pain since the date of injury. He has undergone a spinal fusion surgery C3-6 in 05/2013. He has also been treated with physical therapy and medications. There are no radiographic data included for review. Objective: decreased and painful range of motion of the back; mildly decreased Achilles reflex bilaterally. Diagnoses: cervical spine post-laminectomy syndrome, spondylosis without myelopathy, degenerative disc disease thoracic spine. Treatment plan and request: Percocet, Gabapentin, Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Percocet 10-325mg #90 on 8/28/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, criteria for use Page(s): 76-85, 88-89..

Decision rationale: This 52 year old male has complained of head, neck and shoulder pain since date of injury 5/15/2013. He has undergone a spinal fusion surgery C3-6 in 05/2013 and has

been treated with physical therapy and medications to include opioids since at least 03/2014. The current request is for Percocet. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioids contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Percocet is not indicated as medically necessary.

Retrospective request for Gabapentin 300mg #180 on 8/28/14: 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 Neurontin Page(s): 49.

Decision rationale: This 52 year old male has complained of head, neck and shoulder pain since date of injury 5/15/2013. He has undergone a spinal fusion surgery C3-6 in 05/2013 and has been treated with physical therapy and medications to include Gabapentin since at least 03/2014. The current request is for Gabapentin. Per the MTUS guideline cited above, Gabapentin is a first line agent used for the treatment of neuropathic pain, effective for the treatment of post herpetic neuralgia and diabetic neuropathy. There is no documentation in the available medical records which supports the presence of any of these diagnoses. On the basis of the MTUS guidelines cited above and the available medical documentation, Gabapentin is not indicated as medically necessary.

Retrospective request for Lyrica 50mg TID on 8/28/14: 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 Pregabalin Page(s): 99.

Decision rationale: This 52 year old male has complained of head, neck and shoulder pain since date of injury 5/15/2013. He has undergone a spinal fusion surgery C3-6 in 05/2013 and has been treated with physical therapy and medications. The current request is for Lyrica. Pregabalin (Lyrica) has been documented to be effective in the treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia. There is no documentation in the available medical records of any of these conditions nor is there a discussion of the rationale regarding use of this medication. On the basis of the MTUS guideline cited above and the available medical documentation, Lyrica is not indicated as medically necessary.