

Case Number:	CM14-0182529		
Date Assigned:	11/07/2014	Date of Injury:	06/24/2008
Decision Date:	12/26/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	11/03/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 24, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and adjuvant medications. In a Utilization Review Report dated October 1, 2014, the claims administrator failed to approve requests for Neurontin, naproxen, and Norco. The applicant's attorney subsequently appealed. In progress note dated March 19, 2014, the applicant reported ongoing complaints of low back pain. The applicant had reportedly lost 16 pounds in through a weight reduction program. It was stated that the applicant had improve but not significantly enough for him to return to work. The applicant was given diagnosis of chronic foot and low back pain with a tertiary diagnosis of non-industrial ventral hernia. Diclofenac, omeprazole, and tramadol were endorsed. In an August 12, 2014 progress note, the applicant reported ongoing complaints of low back and right lower extremity pain. It was stated that the applicant had developed a diagnosis of chronic regional pain syndrome. It was suggested that the applicant pursue a spinal cord stimulator trial and a precursor psychological evaluation. The applicant was using Norco, naproxen, Neurontin, and Prilosec, it was acknowledged. The applicant stated that he had not been able to return to work since the date of injury. 6-7/10 right foot pain was noted. The applicant stated that his low back pain was severe. The applicant reported heightened swelling with any prolonged activity. The applicant was described as morbidly obese, standing 5 feet 11 inches tall and weighing 340 pounds. The applicant did have a past history of drug and alcohol dependence but stated that he had had been sober for several years now. Norco, naproxen, Neurontin, and Prilosec were renewed. A spinal cord stimulator trial and psychological clearance were also endorsed. The applicant's past medical history was notable only for chronic pain, obesity, and depression. There was no

mention of any issues with reflux or heartburn. In a September 4, 2014 progress note, the applicant was again given refills of Norco, naproxen, Neurontin, and omeprazole. It is noted that the applicant's symptoms had returned to baseline following a sympathetic ganglion block. The applicant remained off of work. Severe low back pain was again noted, with swelling appreciated with any prolonged activity. The applicant did have ancillary complaints of depression and psychological stress, it was acknowledged. It was stated that the psychological evaluation and spinal cord stimulator trial were both pending. In a June 5, 2014 progress note, the applicant reported ongoing complaints of low back and lower extremity pain, reportedly associated with chronic regional pain syndrome. The applicant was using Norco, naproxen, Neurontin, and Prilosec it was stated at this point in time. 6-7/10 pain complaints were reported. On May 28, 2014, the applicant reported moderate-to-severe low back pain radiating into the right lower extremity, with associated swelling about the right foot. It was stated that the applicant was not working and could be considered a "qualified injured worker" as his employer was likely unable to accommodate the suggested limitations. In a Utilization Review Report dated October 1, 2014, the claims administrator failed to approve requests for Neurontin, naproxen, and Norco. The applicant's attorney subsequently appealed. In progress note dated March 19, 2014, the applicant reported ongoing complaints of low back pain. The applicant had reportedly lost 16 pounds in through a weight reduction program. It was stated that the applicant had improve but not significantly enough for him to return to work. The applicant was given diagnosis of chronic foot and low back pain with a tertiary diagnosis of non-industrial ventral hernia. Diclofenac, omeprazole, and tramadol were endorsed. In an August 12, 2014 progress note, the applicant reported ongoing complaints of low back and right lower extremity pain. It was stated that the applicant had developed a diagnosis of chronic regional pain syndrome. It was suggested that the applicant pursue a spinal cord stimulator trial and a precursor psychological evaluation. The applicant was using Norco, naproxen, Neurontin, and Prilosec, it was acknowledged. The applicant stated that he had not been able to return to work since the date of injury. 6-7/10 right foot pain was noted. The applicant stated that his low back pain was severe. The applicant reported heightened swelling with any prolonged activity. The applicant was described as morbidly obese, standing 5 feet 11 inches tall and weighing 340 pounds. The applicant did have a past history of drug and alcohol dependence but stated that he had had been sober for several years now. Norco, naproxen, Neurontin, and Prilosec were renewed. A spinal cord stimulator trial and psychological clearance were also endorsed. The applicant's past medical history was notable only for chronic pain, obesity, and depression. There was no mention of any issues with reflux or heartburn. In a September 4, 2014 progress note, the applicant was again given refills of Norco, naproxen, Neurontin, and omeprazole. It is noted that the applicant's symptoms had returned to baseline following a sympathetic ganglion block. The applicant remained off of work. Severe low back pain was again noted, with swelling appreciated with any prolonged activity. The applicant did have ancillary complaints of depression and psychological stress, it was acknowledged. It was stated that the psychological evaluation and spinal cord stimulator trial were both pending.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as a result of the same. Here, however, the applicant is off of work, on total temporary disability. Ongoing usage of gabapentin (Neurontin) failed to curtail the applicant's dependence on opioid agents such as Norco. The applicant's pain complaints were reported as "severe" on both the August 5, 2014 and September 4, 2014 office visits, referenced above. The applicant was having difficulty with any prolonged activity, including prolonged sitting, standing, and walking, it was further noted, on September 4, 2014. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS, despite ongoing usage of Neurontin (gabapentin). Therefore, the request is not medically necessary.

Naproxen 550mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications and Functional Restoration Approach to Chronic Pain Management Pag.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as naproxen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, there has been no explicit or implicit demonstration of efficacy with ongoing naproxen usage. The applicant remains off of work, on total temporary disability. Ongoing usage of naproxen has failed to curtail the applicant's dependence on opioid agents such as Norco. The applicant is still reporting symptoms of severe low back and right lower extremity pain, exacerbated by activities as basic as sitting, standing, and walking. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS, despite ongoing naproxen usage. Therefore, the request is not medically necessary.

Norco 10/325mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant is off of work, it has been acknowledged, and has apparently not been able to work since the date of injury, June 24, 2008. Several progress notes, referenced above, suggest that the applicant continues to report complaints of moderate-to-severe low back pain, despite ongoing Norco usage. The attending provider has failed to outline any material improvements in function or quantifiable decrements in pain achieved as a result of ongoing Norco usage. The applicant's continued difficulty performing activities as basic as sitting, standing, and walking, coupled with the applicant's failure to return to work, does not make a compelling case for continuation of Norco therapy. Therefore, the request is not medically necessary.