MAXIMUS Federal Services

Case Number:	CM14-0027690		
Date Assigned:	06/13/2014	Date of Injury:	05/20/2008
Decision Date:	07/16/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/03/2014

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 51 year old male who sustained an injury on 05/20/08. No specific mechanism of injury was noted. Rather this appeared to be a repetitive use injury due to extensive jackhammering. The injured worker had prior cervical fusion at C5-6 with imaging evidence regarding pseudoarthrosis at C6-7. The injured worker had extension of the cervical fusion to C6-7 by 08/08. The injured worker had prior physical therapy and chiropractic treatments. The injured worker reported that no benefits were derived from additional surgery for the cervical spine. Other areas of complaint were left shoulder pain and low back pain. The injured worker had additional cervical procedures in 07/09 including posterolateral fusion at C6-7. Previous urine drug screen findings from 10/22/13 noted positive findings for hydrocodone and hydromorphone. The injured worker was being followed by [redacted] for pain management. Prescribed medications included Norco 10/325mg Neurontin 600mg a separate prescription for Neurontin at 300mg and a topical compounded medication including flurbiprofen and Lidoderm or lidocaine. More recent urine drug screen findings from 02/03/14 noted positive findings for hydrocodone and hydromorphone. The injured worker was seen by [redacted] on 01/02/14 with continuing complaints of low back pain radiating to the low right lower extremity and cervical spine radiating to the left upper extremity. Pain scores were 6/10 on VAS. The injured worker described 20% relief with current medications. The injured worker was taking 900mg of Neurontin daily and Norco 10/325mg every six to eight hours as needed. The injured worker felt that without medications he was unable to function. There was a discussion regarding switching to a Butrans patch instead of increasing Norco. On physical examination there was pain in the right sided paraspinal musculature with limited range of motion in the lumbar spine. There was also limited range of motion in the cervical spine. Sensation was decreased in the left forearm and right calf. The plans were for a trial of Butrans

at 5mcg weekly and a decrease of Norco to three times daily four times daily. Neurontin was continued unchanged at this visit. Neurontin was continued unchanged at this visit. Follow up on 02/20/14 noted the injured worker was still not at therapeutic dose of Butrans patch. The injured worker described improvement with Butrans patch as compared to just the Norco by itself. Physical examination findings at this visit were unchanged. The injured worker was recommended to increase Butrans to 15mcg weekly. Norco was continued four times daily and Neurontin at 900mg daily. The requested Norco 10/325mg #120, Neurontin 600mg #30, and Neurontin 300mg #30 were denied by utilization review on 02/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF 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 Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to this request for Norco 10/325mg quantity 120, this reviewer would not have recommended this prescription as medically necessary. It is noted in the prior utilization review that this request was modified to a quantity of 87 to facilitate weaning in conjunction with Butrans therapy. This reviewer would agree with the previous determination. The injured worker was actively being titrated on Butrans as a long term medication for chronic pain. Given the improvements obtained with Butrans and recommendation for titration up to 15mcg per week, this reviewer would not have recommended the entire amount of Norco requested at 120 tablets. The modification for a quantity of 87 noted in the previous utilization review was appropriate to facilitate full weaning off of short acting narcotics such as Norco. As such this reviewer would not have recommended the request as medically necessary as submitted.

ONE PRESCRIPTION OF NEURONTIN 600MG #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antieplieptics Page(s): 16-22.

Decision rationale: In regards to the request for neurontin 600mg quantity 30, this reviewer would have recommended this medication as medically necessary. From the clinical records provided for review there was clear evidence of neuropathic pain continuing from the neck radiating to the left upper extremity and at the low back radiating to the right lower extremity. Given the persistent radicular findings noted on physical examination the use of Neurontin would be indicated per guidelines. Neurontin is a first line recommended medication in the

treatment of neuropathic pain. The injured worker described obtaining improvements with this medication and felt that he was non-functional without it. Given the objective findings of ongoing neuropathic pain for this injured worker and documented efficacy of Neurontin at 900mg per day total, this reviewer would have recommended this medication as medically necessary based on chronic pain guidelines.

ONE PRESCRIPTION OF NEURONTIN 300MG #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antieplipetics Page(s): 16-22.

Decision rationale: In regards to the request for neurontin 300mg quantity 30, this reviewer would have recommended this medication as medically necessary. From the clinical records provided for review there was clear evidence of neuropathic pain continuing from the neck radiating to the left upper extremity and at the low back radiating to the right lower extremity. Given the persistent radicular findings noted on physical examination the use of Neurontin would be indicated per guidelines. Neurontin is a first line recommended medication in the treatment of neuropathic pain. The injured worker described obtaining improvements with this medication and felt that he was non-functional without it. Given the objective findings of ongoing neuropathic pain for this injured worker and documented efficacy of Neurontin at 900mg per day total, this reviewer would have recommended this medication as medically necessary.