

Case Number:	CM14-0033421		
Date Assigned:	06/20/2014	Date of Injury:	06/21/2010
Decision Date:	08/20/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/17/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 42-year-old male who reported an injury on 06/21/2010. The mechanism of injury is unknown. The injured worker ultimately underwent lumbar fusion at the L4-5 and L5-S1. The injured worker's postsurgical chronic pain was managed with medications. The injured worker was evaluated on 01/23/2014. The injured worker's medications included Norco 10/325 mg twice a day, Soma 350 mg twice a day, Gabapentin 300 mg and Prilosec as needed for gastritis. It is noted that the injured worker's medications assist with pain control and keeping functional. The injured worker complained of 6/10 to 7/10 overall pain. Physical findings included limited range of motion of the lumbar spine with muscular guarding. The injured worker's diagnoses included status post lumbar spine surgery with post laminectomy syndrome, lumbar radiculopathy, T12 compression fracture, lumbar facet syndrome, and chronic pain syndrome. The injured worker's treatment plan included continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested Norco 10/325mg #60 are not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documented functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker underwent a urine drug screen and was monitored for aberrant behavior. However, the clinical documentation fails to identify a quantitative assessment of pain relief. It is noted that the injured worker has 6/10 to 7/10 overall pain. However, a reduction in pain was not noted due to medication usage. Furthermore, the request does not specifically identify functional benefit. Therefore, ongoing use of this medication would not be indicated in this clinical situation. Additionally, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Norco 10/325mg #60 are not medically necessary or appropriate.

Neurontin 300mg #90: 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 Antiepilepsy drugs (AEDs), Gabapentin Page(s): 16, 18.

Decision rationale: The requested Neurontin 300mg #90 are not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends anticonvulsants be used as a first line medication in the management of chronic pain. However, continued use should be supported by documentation of at least 30% pain relief and documented functional benefit. The clinical documentation submitted for review does indicate that the injured worker has 6/10 to 7/10 pain; however, a quantitative assessment of pain relief resulting from medication usage was not provided. Additionally, documented functional benefit is not provided. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Neurontin 300mg #90 is not medically necessary or appropriate.

Soma 350mg #60: 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 Muscle Relaxants, Carisoprodol (Soma) Page(s): 29, 63.

Decision rationale: The requested Soma 350mg #60 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend muscle relaxants in the

management of chronic pain. California Medical Treatment Utilization Schedule recommends muscle relaxants be used for acute exacerbations of chronic pain for durations not to exceed 2 to 3 weeks. It appears this patient has been on this medication for duration to exceed this recommendation. There are no exceptional factors noted to support extending treatment beyond guideline recommendations. Furthermore, the request as it submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Soma 350mg #60 are not medically necessary or appropriate.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers Compensation, online edition Chapter: PainProton pump inhibitors (PPIs).

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

Decision rationale: The requested Prilosec 20mg #60 are not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends gastrointestinal protectants for patients who are at risk for developing gastrointestinal symptoms related to medication usage. The clinical documentation does not provide an adequate assessment of the patient's gastrointestinal system to support the ongoing need for this medication. There is no documentation of risk factors for gastrointestinal issues related to the use of medications. Therefore, the continued use of this medication would not be supported. Furthermore, the request as it is submitted does not identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Prilosec 20mg #60 are not medically necessary or appropriate.