

Case Number:	CM14-0034229		
Date Assigned:	06/20/2014	Date of Injury:	08/06/2004
Decision Date:	08/18/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/19/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 8/6/04. The mechanism of injury was not provided within the document. Treatments included chiropractic care, epidural steroid injections, physical therapy, and medications. The injured worker's diagnoses was noted to be chronic pain syndrome, disc displacement with radiculitis lumbar, lumbosacral spondylosis without myelopathy, obesity, and adjustment disorder with mixed anxiety and depressed mood. The injured worker had a clinical evaluation on 10/31/13 with complaints of low back pain and left lower extremity discomfort. He stated that the epidural steroid injection made his pain bearable along with his pain medication. He rated his pain at worst 9/10 and at least 0/10. The physical examination revealed mild discomfort with movement. He had full range of motion in all extremities, muscle mass and muscle tone were normal, and there were no tremors or cyanosis or edema. Straight leg raise was positive on the left for lower back and radicular pain. There was facet tenderness on the right lumbar facets. Facet loading test positive bilaterally. S1 joints were nontender bilaterally. Sciatic notch presented with tenderness on the left side. Spinal extension was restricted and painful. The treatment plan was for refills of medications: Norco, Cymbalta, Kadian, Neurontin, and a pain agreement was reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF NORCO 10/325MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that four domains that are relevant for ongoing monitoring of chronic pain patients on opioids these include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the four As (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should effect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical evaluation on 10/31/13 fails to provide an adequate pain assessment. The documentation should include pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. The documentation is insufficient to support the pain assessment and the provider's request fails to indicate a frequency of dosage. Therefore, the request is not medically necessary.

1 PRESCRIPTION OF GABAPENTIN 400MG #90 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs, Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recognize gabapentin to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and considered as a first line treatment for neuropathic pain. The clinical assessment dated 10/31/13 fails to provide an adequate neurological assessment of the injured worker's pain. In addition, the provider's request fails to indicate a dosage frequency. As such, the request is not medically necessary.

1 PRESCRIPTION OF CYMBALTA (DULOXETINE) 60MG WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants, Cymbalta (Duloxetine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43-44.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that Cymbalta is recommended as an option in first line treatment options for neuropathic pain. Cymbalta is a norepinephrine and serotonin reuptake inhibitor antidepressant. The clinical evaluation dated 10/31/13 does not indicate the efficacy with use of Cymbalta. In addition, the provider's request fails to provide a dosage frequency. As such, the request is not medically necessary.