MAXIMUS Federal Services

Case Number:	CM14-0043729		
Date Assigned:	07/02/2014	Date of Injury:	10/25/1999
Decision Date:	08/22/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/10/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas & 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 reported an injury on 10/25/1999. The diagnoses included brachial neuritis or radiculitis NOS (not otherwise specified). The mechanism of injury was not provided. Prior medications were noted to include Motrin, Soma, Norco, and gabapentin. The surgical history included a C4-7 fusion. The diagnostic studies were not provided. The documentation of 02/25/2014 revealed the injured worker had significant pain in the neck traveling on the right side. The injured worker was noted to be utilizing a home exercise program. The physical examination revealed moderate tenderness in the left cervical paraspinals, trapezius, shoulder, and scapula region. The range of motion was decreased. The reflexes were 2/4 in the bilateral triceps, biceps, and brachial radialis. The diagnosed included underlying disc protrusion, status post C4-7 fusion, and the treatment plan included a refill of the medications Motrin, Soma, Norco, and gabapentin and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg #60 x2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain; ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to meet the above criteria. The duration of use could not be established; however, it was indicated that the request was for a refill. However, the duration of use could not be established through supplied documentation. The request as submitted failed to indicate the frequency. Additionally, there was a lack of documentation indicating a necessity for 2 refills without re-evaluation. Given the above, the request for Norco 5/325 mg #60 times 2 is not medically necessary.

Soma 350 mg #30 x2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines recommended muscle relaxants as a second line option for the short-term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the medication was for a refill. However, the duration of use could not be established through supplied documentation. The request as submitted failed to indicate the frequency. Additionally, there was a lack of documentation indicating a necessity for 2 refills without re-evaluation. There was a lack of documentation of objective functional benefit. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Soma 350 mg #30 times 2 is not medically necessary.

Gabapentin 100 mg #90 x2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

Decision rationale: The California MTUS Guidelines recommend antiepilepsy medications as a first line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50% and objective functional improvements. The clinical documentation submitted for review failed to provide documentation of the above criteria. The duration of use could not be established through the supplied documentation. The

documentation failed to indicate a necessity for 2 refills without re-evaluation. Given the above, the request for gabapentin 100 mg #90 times 2 is not medically necessary.

Motrin 800 mg #90 x3: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation NSAIDS.

Decision rationale: The California MTUS Guidelines indicate that NSAIDs are recommended for the short-term symptomatic relief of low back pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review failed to provide documentation of the above criteria. The duration of use could not be established through the supplied documentation; however, it was indicated the medication was for a refill. The request as submitted failed to indicate the frequency. There was a lack of documentation indicating a necessity for 3 refills without re-evaluation. Given the above, the request for Motrin 800 mg #90 times 3 is not medically necessary.