

Case Number:	CM14-0044009		
Date Assigned:	07/02/2014	Date of Injury:	01/14/2004
Decision Date:	08/29/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/11/2014

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 43-year-old male who reported an injury on 01/14/2004. The mechanism of injury was not provided. On 01/31/2014, the injured worker presented with swelling in the arch of his right foot. Current medications included Norco, OxyContin, Neurontin, and Fiorinal. Upon examination of the thoracic spine, there was tenderness noted to the right lower thoracic paraspinal region extending to the right lumbar paraspinal region. The lumbar spine noted prominent tenderness to palpation along the lumbar spine with moderate tenderness noted to the bilateral lumbar paraspinal regions extending to the bilateral buttocks and sacrum. There was tenderness noted to the arch of the right foot overlying the plantar fascia and firm prominence noted at the arch of the right foot, which measures approximately 1.5 cm in diameter. Diagnoses were lumbar strain, chronic low back pain, pain related insomnia, sciatica, left ankle internal derangement, lumbar degenerative disc disease, chronic pain syndrome, leg length discrepancy left shorter than right, and right plantar fasciitis. The provider recommended OxyContin, Norco, Neurontin, and Fiorinal. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30mg ER, #80 with one refill: 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): 78.

Decision rationale: The request for Oxycontin 30 mg ER, #80 with one refill is non-certified. The California MTUS Guidelines recommend the use of opiates for ongoing management of chronic pain. The Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request for Oxycontin 30 mg ER, #80 with one refill is non-certified.

Norco 10/325mg, #150 with 1 refill: 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): 78.

Decision rationale: The request for Norco 10/325 mg, #150 with 1 refill is non-certified. The California MTUS Guidelines recommend the use of opiates for ongoing management of chronic pain. The Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request for Norco 10/325 mg, #150 with 1 refill is non-certified.

Neurontin 300mg, #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

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

Decision rationale: The request for Neurontin 300 mg, #90 with 3 refills is non-certified. The California MTUS Guidelines state Neurontin has been shown to be effective for diabetic painful neuropathy and postherpetic neuralgia and has been considered a first line treatment for neuropathic pain. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of an AED depends on improved outcomes versus tolerability and adverse effects.

The efficacy of the medication was not documented. The provider's rationale was not provided. The medical documents do not indicate the frequency of the medication in the request as submitted. As such, the request for Neurontin 300 mg, #90 with 3 refills is non-certified.

Fiorinal 40/50/325mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbituate containing analgesic agents (BCAs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: RxList, Butalbital, OnLine Databasewww.RxList.com/Butalbital.

Decision rationale: The request for Fiorinal 40/50/325 mg #30 with 1 refill is non-certified. Scientific based research states Fioriinal is indicated for the relief of symptom complex tension headaches. Evidence supporting the efficacy and safety of this combination product in the treatment of multiple recurrent headaches is unavailable. Fiorinal is comprised of butalbital, acetaminophen and caffeine. Caution in this regard is required because butalbital is habit forming and potentially abusable. Butalbital, acetaminophen, and caffeine tablets should be prescribed with caution in certain special-risk patients, such as the elderly or debilitated, and those with severe impairment of renal or hepatic function, or acute abdominal conditions. There are no signs and symptoms or a diagnosis congruent with the scientific based research recommendations for Fiorinal. There was lack of a complete and adequate pain assessment of the injured worker. Additionally, the provider did not indicate the frequency of the medication in the request as submitted. As such, the request for Fiorinal 40/50/325 mg #30 with 1 refill is non-certified.