

Case Number:	CM14-0046451		
Date Assigned:	07/02/2014	Date of Injury:	06/27/2013
Decision Date:	08/26/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/15/2014

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 and is licensed to practice in California. 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 26-year-old male who reported an injury on 06/27/2013. The mechanism of injury was noted to be a lifting injury. The diagnoses were noted to be lumbar discogenic pain and bilateral lower extremity radicular symptoms. His prior treatments included physical therapy, home exercises, physiotherapy, and medications. He had pertinent diagnostics including an MRI of the lumbar spine, an x-ray of the lumbar spine, and a bone scan. The injured worker had a clinical evaluation on 05/27/2014. He had complaints of ongoing radicular symptoms in both legs. He rated his pain an 8 out of 10. The clinical exam noted the injured worker in mild distress. Examination of the low back showed spasm in the low lumbar paraspinals and tenderness with palpation in the bilateral L5 through S1 paraspinals. Lumbosacral spine range of motion was limited by pain with flexion and extension. Motor strength was 5 out of 5 throughout. Sensation was intact. Medications were noted to be Tylenol, Motrin, Percocet, and Neurontin. The treatment plan was for surgical intervention, completion of an AME evaluation, and prescription for Percocet and Neurontin. The provider's rationale for the request was provided within the treatment plan of the clinical evaluation on 05/27/2014. A request for authorization for medical treatment was provided and dated 02/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg #100: Upheld

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

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

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, 4 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 not adherent) drug related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation should include pain relief, functional status, appropriate medication use, and side effects. The clinical evaluation fails to provide an adequate pain assessment. 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 provider's request fails to indicate a frequency. Therefore, the request for Percocet 10/325 mg quantity 100 is not medically necessary.

Neurontia 300 mg #180: Upheld

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

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

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, anti-epilepsy drugs are recommended for neuropathic pain. Most randomized controlled trials for the use of this class of medication for neuropathic pain have been directed at post herpetic neuralgia and painful polyneuropathy. There are few random controlled trials directed at central pain and none for painful radiculopathy. The injured worker does not have a diagnosis of post herpetic neuralgia or painful polyneuropathy; however he does have a diagnosis with radiculopathy. The guidelines do not recommend anti-epilepsy medication for painful radiculopathy. In addition, the provider's request fails to indicate a drug frequency. Therefore, the request for Neurontin 300 mg quantity 180 is not medically necessary.