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| Case Number: | CM14-0051716 | | |
| Date Assigned: | 07/07/2014 | Date of Injury: | 04/30/2006 |
| Decision Date: | 08/29/2014 | UR Denial Date: | 03/18/2014 |
| Priority: | Standard | Application Received: | 04/18/2014 |

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, 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 51 year old female with a reported date of injury on 04/30/2006. The mechanism of injury was not provided within the documentation available for review. The injured worker's diagnoses include anxiety disorder, pain disorder with both psychological factors, sleep disorder, and hypoactive sexual desire disorder. The injured worker's Global Assessment of Functioning score was a 57, which is equivalent to 20% whole person impairment. The clinical information indicates the doctor requested a polysomnogram in 2011, the results of which were not provided within the documentation available for review. The injured worker's plan of care was not provided within the documentation available for review. The injured worker's medication regimen included Norco, Neurontin, and Voltaren. The written progress notes were largely illegible. The rationale was not provided within the documentation available for review. The Request for Authorization for 1 prescription for Norco 7.5/325 mg #120, Neurontin 600 mg #60, Voltaren 75 mg #30, and 1 urinalysis drug screening was submitted on 04/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription for Norco 7.5/325 mg, #120: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend the ongoing management of opioids should include the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The clinical information provided for review lacks documentation related to the injured worker's pain relief, functional status, appropriate medication use, and side effects. In addition, the information lacks documentation related to the injured worker's functional deficits to include range of motion values and the utilization of a VAS pain scale. The rationale for the request was not provided within the documentation available for review. In addition, the request as submitted failed to provide the frequency and duration for use. Therefore, the request for Norco 7.5/325 mg #120 is non-certified.

One prescription of Neurontin 600 mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin (Gabapentin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs), page(s) 16 & 18 Page(s): 16 & 18..

Decision rationale: Neurontin is an anti-epilepsy drug. The California MTUS Guidelines recommend anti-epilepsy drugs for neuropathic pain. The California MTUS Guidelines state that gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia, and has been considered as a first-line treatment for neuropathic pain. The Clinical information provided for review lacks documentation related to the injured worker's functional deficits to include range of motion values in degrees and the utilization of a VAS pain scale. There is a lack of documentation related to neuralgia or diabetic neuropathy or postherpetic neuralgia. The rationale for the request was not provided within the documentation available for review. In addition, the request as submitted failed to provide the frequency and directions for use. Therefore, the request for ongoing prescription of Neurontin 600 mg, #60, is non-certified.

One prescription of Voltaren 75 mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac (Voltaren).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), page(s) 67 Page(s): 67..

Decision rationale: The California MTUS Guidelines recommend nonsteroidal anti-inflammatories at the lowest dose for the shortest period in patients with moderate to severe pain. The clinical information provided for review lacks documentation related to the injured worker's

functional deficits to include range of motion values and the utilization of a VAS pain scale. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the request for 1 prescription of Voltaren 75 mg #30, is non-certified.

One urinalysis drug screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen; Cautionary red flags for patients that may potentially abuse opioids.

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

Decision rationale: The California MTUS Guidelines recommend the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. There is a lack of documentation provided for review indicating the physician's concerns for issues of abuse, addiction, or poor pain control. In addition, there is a lack of documentation related to misuse of medications; doctor shopping; uncontrolled drug escalation; or drug diversion. In addition, the clinical information provided for review includes a urine drug screen dated 02/28/2014, which was within normal limits for the medications prescribed. The rationale for a second urine drug screen is not provided within the documentation available for review. Therefore, the request for 1 urinalysis drug screening is non-certified.