

Case Number:	CM14-0054165		
Date Assigned:	07/07/2014	Date of Injury:	03/12/2002
Decision Date:	09/03/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/23/2014

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 Nevada. 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 49-year-old male who was reportedly injured on 3/12/2002. The mechanism of injury was noted as a fall. The most recent progress note dated 3/26/2014, indicated that there were ongoing complaints of neck and back pains. The physical examination demonstrated cervical spine positive tenderness to palpation at the lower cervical spine and bilateral cervical paraspinal regions as well as trapezius muscles. There was also decreased range of motion. Lumbar spine had positive tenderness to palpation throughout the lumbar spine and bilateral paraspinal regions extending into the sacrum and buttocks. Positive spasm was also noted at bilateral paraspinal region as well. Limited range of motion. Positive straight leg raise bilaterally. Diagnostic imaging studies included a magnetic resonance image of the lumbar spine on 11/11/2013, which revealed status post lumbar fusion at L5-S1 without evidence of spinal canal or neural foraminal compromise. Mild left sided disc protrusion at L4-L5. Previous treatment included previous surgery, physical therapy, medications, and conservative treatment. A request was made for Opana ER 40mg #60, Opana ER 5mg #60, Neurontin 600mg #90, request for neurosurgical consultation and was not certified in the pre-authorization process on 4/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 40mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 93.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The treatment guidelines specifically state fentanyl is not recommended for musculoskeletal pain. Review of the available medical records failed to document improvement in pain or function with the current treatment regimen. Given the date of injury, clinical presentation and current diagnosis, and current treatment guidelines, the request for Opana 5mg #60 is not medically necessary.

Opana 5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 93.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The treatment guidelines specifically state fentanyl is not recommended for musculoskeletal pain. Review of the available medical records, failed to document improvement in pain or function with the current treatment regimen. Given the date of injury, clinical presentation and current diagnosis, and current treatment guidelines, the request for Opana ER 40mg #60 is not medically necessary.

Neurontin 600mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20, 49.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines consider Gabapentin to be a first-line treatment for neuropathic

pain. Based on the clinical documentation provided, there is no evidence that the injured employee has any neuropathic pain nor are any radicular symptoms noted on physical examination. As such, the request for Neurontin 600mg is not medically necessary.

Neurosurgical consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288 305 306.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 - Independent Medical Examinations and Consultations, page 127.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines supports the use of referrals when a diagnosis is uncertain, extremely complex, or when the claimant may benefit from additional expertise. Based on the clinical documentation provided and the requested referral, there is limited documentation supporting the need for a neurosurgical consultation. I was unable to find any objective clinical findings on physical exam to necessitate neurological deficits, sensory deficits, or decrease in muscle tone in bulk. Therefore, Neurosurgical Consult is not medically necessary.