

Case Number:	CM14-0060120		
Date Assigned:	07/09/2014	Date of Injury:	07/19/1989
Decision Date:	09/29/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	04/30/2014

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 Family Medicine and is licensed to practice in Tennessee, California and Florida.. 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 57 year old male who sustained work related injuries on 07/19/89. The mechanism of injury is not described. He is reported to have severe low back pain with radiation to the bilateral lower extremities. He reports that his pain without medications is 9-10/10. The clinical notes report that with medications, his pain decreases to 5-7/10. It is reported that while on his medications, he is able to walk, do household chores, and self-care. Per physical examination dated 05/14/14, he is noted to be in mild distress. He has decreased range of motion in the lumbar spine secondary to pain. He has lumbar paraspinal tenderness. Straight leg raise is reported to be positive on the left. Deep tendon reflexes are 1+ at the Achilles and 2+ at the patella on the right and 1+ on the left. He has decreased sensation in the bilateral L5 dermatomes. He is noted to have 4/5 strength in the left plantar and dorsa flexors and EHL. He has 4/5 strength in the remaining left lower extremity. He has 4+/5 strength in the right lower extremity. He has decreased sensation in his feet bilaterally. He has a slightly antalgic gait. The record indicates that the injured worker receives urine drug screenings for compliance. The record includes a utilization review determination dated 04/22/14 in which requests for Neurontin 800mg #90, Valium 5mg #45, Percocet 10/325mg #80, and Nucynta 150mg #60 were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurotin 800mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints; Medical Treatment Guidelines.

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

Decision rationale: The request for Neurontin 800mg #90 is recommended as medically necessary. The submitted clinical records indicate that the injured worker has chronic low back pain with evidence of active lumbar radiculopathy. As such, Neurontin 800mg would be considered 1st line treatment for neuropathic pain and therefore, medically necessary.

Valium 5mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low back Complaints; Medical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The request for Valium 5mg #45 is not supported as medically necessary. The record suggests that this medication is being prescribed for muscle spasms. As of the 05/14/14 physical examination, there is no documentation of muscle spasms. Further, the CA MTUS and Official Disability Guidelines do not support the long term use of Benzodiazepines in the treatment of chronic back pain. As such, the medical necessity for the continued use of this medication is not established.

Percocet 10/325mg #80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

Decision rationale: The request for Percocet 10/325mg #80 is not supported as medically necessary. The submitted clinical records indicate that the injured worker has chronic low back pain with radiation into the lower extremities. There are objective findings on examination of lumbar radiculopathy. The record suggests that the injured worker has chronically been maintained on opiate medications. However, the serial clinical notes do not provide sufficient data to establish the efficacy of this medication. The record contains no substantive documentation that indicates functional improvements. Further, the record does not suggest that with the use of this medication that the injured worker receives substantive reductions in his VAS scores as a result. As such, the medical necessity for continued use of this medication has not been established.

Nucynta 150mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, online edition, Chapter on Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

Decision rationale: The request for Nucynta 150mg #60 is not supported as medically necessary. The submitted clinical records indicate that the injured worker has chronic low back pain with radiation into the lower extremities. There are objective findings on examination of lumbar radiculopathy. The record suggests that the injured worker has chronically been maintained on opiate medications. However, the serial clinical notes do not provide sufficient data to establish the efficacy of this medication. The record contains no substantive documentation that indicates functional improvements. Further, the record does not suggest that with the use of this medication that the injured worker receives substantive reductions in his VAS scores as a result. As such, the medical necessity for continued use of this medication has not been established.