

Case Number:	CM14-0062644		
Date Assigned:	07/11/2014	Date of Injury:	10/29/2001
Decision Date:	08/19/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/05/2014

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 58-year-old female who reported an injury on 10/29/2001. The mechanism of injury was not specifically stated. Current diagnoses include right rotator cuff syndrome, lumbar discopathy, cervical herniated nucleus pulposus, cervical hyperextension injury, and lumbar hyperextension injury. The injured worker was evaluated on 03/26/2014 with complaints of persistent neck pain, right shoulder pain, bilateral wrist/hand pain, and lower back pain. Current medications include Norco and Gabapentin. Physical examination on that date revealed markedly positive head compression sign, positive Spurling's maneuver, exquisite tenderness and muscle spasm in the cervical spine, painful range of motion of the cervical spine, diminished biceps reflex, weakness in the deltoid musculature, diminished sensation, tenderness in the thoracolumbar spine, inability to fully squat, mild sacroiliac joint tenderness, limited lumbar range of motion, and mild sciatic stretch testing bilaterally. Treatment recommendations at that time included continuation of the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #90, refills: 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized this medication since 12/2013 without any evidence of objective functional improvement. The injured worker continues to present with persistent pain over multiple areas of the body. There is also no frequency listed in the current request. As such, the request is not medically necessary.

Gabapentin 300 mg, #90, Refills:3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

Decision rationale: The California MTUS Guidelines state Gabapentin is recommended for neuropathic pain. As per the documentation submitted, the injured worker continues to report persistent pain with numbness and tingling in the bilateral lower extremities despite the ongoing use of this medication. There is no documentation of objective functional improvement. There is also no frequency listed in the current request. As such, the request is not medically necessary.