

Case Number:	CM14-0062936		
Date Assigned:	08/08/2014	Date of Injury:	04/07/2002
Decision Date:	09/12/2014	UR Denial Date:	04/10/2014
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 and 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 records presented for review indicate that this 52-year-old individual was reportedly injured on April 7, 2002. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated February 27, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated no specific muscle skeletal findings, no deformities, cyanosis or edema of the extremities. Diagnostic imaging studies were not reviewed. Previous treatment included medications and conservative care. A request had been made for multiple medications which were non-certified in the pre-authorization process on April 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 113 of 127.

Decision rationale: When noting the date of injury, the injury sustained, and the findings on physical examination as reported in the most recent progress note, there is no clinical indication

for a muscle relaxant medication. Furthermore, the MTUS notes that such medications are limited to acute phase situations only. That has not been the case with this injured worker therefore, the request is not medically necessary.

Amitriptyline 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13, 15.

Decision rationale: As noted in the MTUS, this is a tricyclic antidepressant use for a chronic pain management however, no objectification of a neuropathic pain lesion. There is no medical necessity established for the ongoing use of this medication. In addition, there is no noted efficacy or utility with use of this medication in terms of pain reduction or symptomatology control and improved functionality. Therefore, based on the medical records presented for review, this request is not medically necessary.

Gabapentin 600mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009 Page(s): 16-20,49 of 127.

Decision rationale: The California MTUS 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 worker neither has any neuropathic pain nor any radicular symptoms noted on physical examination. As such, this request for Neurontin is not medically necessary.

Ibuprofen 800mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 22 of 127.

Decision rationale: As outlined in the MTUS, this nonselective, non-steroidal anti-inflammatory medication has some indication for chronic back pain. However, when noting the physical examination findings, specifically the ongoing complaints of pain, there is no demonstration that this medication has any efficacy or improvement in functionality. There is no pending return to work discussed and the pain complaints continued to be the same. As such, the

medical necessity for this medication has not been supported in the medical records presented for review. As such, this request is not medically necessary.

Hydrocodone/APAP 7.5/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 74-78,88,91 of 127.

Decision rationale: This narcotic medication is noted to be indicated for moderate to moderately severe breakthrough pain. Given the pain complaints are unchanged and no data presented to suggest that this medication allow for increased functionality or return to work, this request is not medically necessary.

Dexamethasone 4mg/Kenalog 40 mg(2cc) inj monthly: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://my.clevelandclinic.org/services/steroid_injections_hic_steroid_injections.aspx.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 74-78,88,91 of 127.

Decision rationale: This narcotic medication is noted to be indicated for moderate to moderately severe breakthrough pain. There is no data presented to suggest that this medication allow for increased functionality or return to work. As such, this request is not medically necessary.