

Case Number:	CM14-0069939		
Date Assigned:	07/14/2014	Date of Injury:	05/01/2013
Decision Date:	09/19/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/15/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Texas. 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 33 year old female injured on 05/01/13 as result of fall at work resulting in chronic back pain. Clinical note dated 05/31/14 indicated the injured worker presented complaining of chronic low back pain rated 10/10 on the visual analog scale. The injured worker denied radiation of pain physical examination revealed tenderness to palpation of bilateral lower trapezius with mild spasm, tenderness to palpation of bilateral lumbar spine. Medication included Hydrocodone/Acetaminophen 5-325mg two tabs once daily. Initial request was non-certified on 07/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5 MG Quantity 360: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 288, 306.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement

obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Ultracet 37.5 MG Quantity 360 cannot be established at this time.

Gabapentin 600 MG Quantity 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

Decision rationale: As noted on page 49 of the Chronic Pain Medical Treatment Guidelines, current guidelines recommend Gabapentin for the treatment of neuropathic pain. The clinical documentation fails to establish the presence of objective findings consistent with neuropathy. As such, the request for Gabapentin 600 MG Quantity 90 cannot be recommended as medically necessary.

Referral To Psychiatrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-405.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101.

Decision rationale: As noted on page 101 of the Chronic Pain Medical Treatment Guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. There is no indication in the documentation of psychological complaints warranting evaluation/treatment by a psychiatrist. As such, the request for Referral to Psychiatrist cannot be recommended as medically necessary.