

Case Number:	CM14-0071898		
Date Assigned:	08/04/2014	Date of Injury:	09/07/2009
Decision Date:	09/11/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/08/2014

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 45-year-old female who reported an injury on 09/07/2009. The mechanism of injury was not stated. Current diagnoses include chronic low back pain and left shoulder pain. The injured worker was evaluated on 04/24/2014, with complaints of constant 9/10 low back pain. The injured worker also reported numbness and tingling in the left shoulder. Physical examination revealed no acute distress, 25 degrees cervical flexion, 120 degrees left upper extremity abduction and 15 degrees to 45 degrees lumbar extension and flexion. Treatment recommendations included continuation of the current medication regimen of Wellbutrin, Tramadol ER 100 mg, MS Contin, Norco, Diclofenac, and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, qty 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids 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 continuously utilized hydrocodone since 2012. There is no documentation of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically necessary.

MS Contin 50mg, qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids 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 2012. There is no documentation of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically necessary.

Wellbutrin 100mg, qty60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388, 402, Chronic Pain Treatment Guidelines Bupropion (Wellbutrin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-16.

Decision rationale: The California MTUS Guidelines state Wellbutrin is a second-generation non-tricyclic antidepressant that has been shown to be effective in relieving neuropathic pain of different etiologies. The injured worker has continuously utilized this medication for an unknown duration. There is no documentation of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically necessary.

Diclofenac Sodium 100mg, qty30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

Decision rationale: The California MTUS Guidelines state NSAIDS are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDS are recommended as a second line option after

acetaminophen. The injured worker has utilized this medication since 2012 without any evidence of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically necessary.

12 aquatic therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 98, Chronic Pain Treatment Guidelines Lumbar Spine, Aquatic Therapy (including swimming).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: The California MTUS Guidelines state aquatic therapy is recommended as an optional form of exercise therapy, where available as an alternative to land based physical therapy. There is no indication that this injured worker requires reduced weight-bearing as opposed to land-based physical therapy. There was also no body part listed in the request. As such, the request is not medically necessary.

Gabapentin 600mg, qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

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

Decision rationale: The California MTUS Guidelines state antiepilepsy drugs are recommended for neuropathic pain. There is no documentation of neuropathic pain upon physical examination. There is also no frequency listed in the request. As such, the request is not medically necessary.

Norco 10/325mg, qty 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids 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 continuously utilized hydrocodone since 2012. There is no documentation of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically necessary.

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Diclofenac Sodium 100mg, qty 30: Upheld

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