

Case Number:	CM14-0076471		
Date Assigned:	08/01/2014	Date of Injury:	03/17/2002
Decision Date:	10/10/2014	UR Denial Date:	05/11/2014
Priority:	Standard	Application Received:	05/27/2014

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 & Pain and Medicine, and is licensed to practice in Oklahoma. 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 64-year-old female who reported an injury of unknown mechanism on 03/17/2002. On 05/23/2014, her complaints included sharp, constant low back pain rated at 6/10. With opioid medications, she noted a 70% improvement in sitting, standing, walking, and the ability to perform household chores. On examination, there was tenderness noted in the bilateral lumbar paravertebral regions at L2-S1. She had a restricted range of motion. She had a positive straight leg raising test on the left, but the degree level was not included in the documentation. It was noted that her opioid usage exceeded the 120 morphine equivalency daily recommendations in the guidelines. The notes further stated that her pain increased by 30% when she was not able to receive her medications. There was no Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Endocet 10/325mg, # 140: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The request for Endocet 10/325 mg, #140 is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain and intensity of pain before and after taking the opioid. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, or antidepressants. Long term use may result in immunological or endocrine problems. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations, including side effects, failed trials of NSAIDs, aspirin, or antidepressants, quantified efficacy, or drug screens. Additionally, there was no frequency of administration specified with the request. Therefore, this request for Endocet 10/325 mg, #140 is not medically necessary.

Neurontin 300mg, # 140: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Gabapentin (Neurontin) Page(s): 16-22,49.

Decision rationale: The request for Neurontin 300mg, #140 is not medically necessary. Per the California MTUS Guidelines, antiepilepsy drugs are recommended for neuropathic pain, primarily postherpetic neuralgia and painful polyneuropathy, with diabetic polyneuropathy being the most common example. A good response for the use of antiepileptic medications has been defined as 50% reduction in pain and a moderate response is a 30% reduction. Neurontin specifically has been considered for a first line treatment for neuropathic pain. It has also been recommended for complex regional pain syndrome. There was no documentation provided that this injured worker had complex regional syndrome or postherpetic neuralgia. Although, the documentation did state that she had a 70% reduction in pain, there was no indication that that was due to specifically to the Neurontin. The indication was that it was due to the Neurontin and her opioid medication. Additionally, there was no frequency of administration included with the request. Therefore, this request for Neurontin 300mg, #140 is not medically necessary.