

Case Number:	CM14-0084557		
Date Assigned:	07/21/2014	Date of Injury:	07/19/2012
Decision Date:	08/27/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/06/2014

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 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 37-year-old male who reported an injury on 07/19/2012. The mechanism of injury reportedly occurred while drilling holes in concrete. The diagnoses included lumbar sprain/strain, lumbosacral radiculopathy, and shoulder impingement. Prior therapies included medications. Per the 05/15/2014 progress report, the injured worker reported pain in the low back, left shoulder, and bilateral hands and wrists. Objective findings included decreased range of motion of the lumbar spine with spasm, guarding, and tenderness in the paravertebral muscles. The injured worker reported a reduction in analgesia of at least 30% to 40% and improved functional capacity with activities of daily living with the use of Norco. Per the 07/10/2014 progress report, the injured worker's subjective complaints and objective findings were unchanged. The Request for Authorization Form for Neurontin, Norco, Norflex, and Prilosec was submitted 05/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Neurontin 300mg #90 with 5 refills: 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): 16-22.

Decision rationale: The California MTUS Guidelines state Neurontin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with the use. The medical records provided indicate the injured worker was experiencing ongoing pain in the low back, left shoulder, and bilateral wrists and hands. There is a lack of documentation regarding significant pain relief, objective functional improvements, and side effects with use. There is no indication of neuropathic pain that would warrant the use of Neurontin. Based on this information, continued use is not supported. As such, the request is non-medically necessary and appropriate.

1 Prescription of Norco 10/325mg with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

Decision rationale: The CA MTUS Guidelines state opioids for chronic back pain appear to be efficacious but limited for short-term pain relief, and long term efficacy is unclear, but also appears limited. The medical records provided indicate an ongoing prescription for Norco since at least 04/02/2014. The injured worker reported a reduction in analgesia of 30-40% and improved functional capacity with activities of daily living. No adverse side effects were reported. The provider noted no suspicion of aberrant behavior. There is a lack of documentation regarding a complete pain assessment. In addition, the request for 5 refills does not allow for reevaluation of patient improvement and adverse effects. Based on this information, the request is not supported. As such, the request is not medically necessary and appropriate.

1 Prescription of Norflex 100mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The CA MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in injured workers with chronic low back pain. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The medical records provided indicate an ongoing prescription for Norflex since at least 04/02/2014. The guidelines do not support the long term use of muscle relaxants. Based on this information, continued use is not supported. As such, the request is not medically necessary and appropriate.

1 Prescription of Prilosec 20mg #60 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse (NGC). Guideline synthesis: Diagnosis and management of gastroesophageal reflux disease (GERD) National Guideline Clearinghouse (NGC) website. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2008 May (revised 2010 Sep.). (cited 2012 10 09). Available: <http://www.guideline.gov>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: The CA MTUS guidelines recommend proton pump inhibitors for patients taking NSAIDs with current gastrointestinal problems or those at risk for gastrointestinal event. Risks for gastrointestinal event include: age greater than 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID use. The medical records provided indicate an ongoing prescription for Prilosec since at least 04/20/2014. The provider noted the injured worker had a history of gastroesophageal reflux disease. There is a lack of documentation regarding subjective complaints of gastrointestinal problems to warrant the use of Prilosec. In addition, the request for 5 refills does not allow for reevaluation of the patient's symptoms and progress. Based on this information, the request is not supported. As such, the request is not medically necessary and appropriate.