

Case Number:	CM14-0085515		
Date Assigned:	08/08/2014	Date of Injury:	03/07/2010
Decision Date:	09/12/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/09/2014

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 52-year-old female who reported an injury on 03/07/2010. The mechanism of injury was not provided for clinical review. The diagnoses included lumbar sprain/strain, lumbar degenerative disc disease, chronic pain, lumbar facet arthralgia, and bilateral sacroiliac arthralgia. The previous treatments included medication and hydrotherapy. The diagnostic testing included an MRI and electrodiagnostic studies. Within the clinical note dated 05/13/2014, it was reported the injured worker complained of low back pain. She reported decreased lower extremity pain. Upon the physical examination of the lumbar spine, the provider noted moderate pain and spasms over the right more than left L4-5 and L5-S1. The provider indicated the injured worker had intact light touch and pin sensibility. Range of motion was complete in all directions. The provider requested Neurontin, Trazodone, Morphine, Relafen, Voltaren gel, Omeprazole, and Lidoderm patches. However, a rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg at bedtime: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 51-52.

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

Decision rationale: The California MTUS Guidelines show gabapentin, also known as Neurontin, has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first line treatment for neuropathic pain. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the quantity of the medication. There was a lack of documentation indicating the injured worker was treated for or diagnosed with diabetic painful neuropathy. Therefore, the request is not medically necessary.

Trazadone at bedtime: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG FORMULARY.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pains Page(s): 13.

Decision rationale: The California MTUS Guidelines recommend antidepressants as a first line option for neuropathic pain. There is a lack of documentation indicating the efficacy of this medication as evidenced by significant functional improvement. The request submitted failed to provide the dosage of the medication. The request submitted did not provide the quantity of the medication. Therefore, the request is not medically necessary.

Morphine IR 15mg BID: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG formulary: Morphine sulfate.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen for on-going management, and as a screening for risk of misuse and addiction. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the quantity of the medication. The provider failed to document an adequate and complete physical examination. The injured worker has been utilizing this medication since at least 05/2013. Therefore, the request is not medically necessary.

Ralafen 500mg BID: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: The California MTUS Guidelines recommend non-steroidal anti-inflammatory drugs at the lowest dose for the shortest period of time. The guidelines note NSAIDs are recommended for the signs and symptoms of osteoarthritis. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the quantity of the medication. Therefore, the request is not medically necessary.

Voltaren gel 1%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 117-119.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-112.

Decision rationale: The California MTUS Guidelines note topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that amenable. Topical NSAIDs are recommended for short-term use of 4 to 12 weeks. There was a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication since at least 05/2014, which exceeds the guideline recommendations of short-term use. The request submitted failed to provide the frequency of the medication. The request submitted failed to provide the quantity of the medication. Therefore, the request is not medically necessary.

Omeprazole 20mg twice per day: Upheld

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

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

Decision rationale: The California MTUS Guidelines note proton pump inhibitors such as omeprazole are recommend for injured workers at risk for gastrointestinal events and/or cardiovascular disease. The risk factors for gastrointestinal events include: over the age of 65; history of peptic ulcer; gastrointestinal bleeding or perforation; and the use of corticosteroids and/or anticoagulants. In the absence or risk factors for gastrointestinal bleeding events, proton pump inhibitors are not indicated when taking NSAIDs. The treatment of dyspepsia from NSAID usage includes stopping the NSAID, switching to a different NSAID, or adding H2 receptor antagonists or proton pump inhibitor. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. There was a lack of documentation indicating the injured worker had a history of peptic ulcer or gastrointestinal

bleeding. Additionally, there is a lack of clinical documentation indicating the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy. Therefore, the request is not medically necessary.

Lidoderm patches 5% 3 times per day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-112.

Decision rationale: The California MTUS Guidelines note topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular, that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short-term use of 4 to 12 weeks. There is a lack of documentation in the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the quantity of the medication. Therefore, the request is not medically necessary.