

Case Number:	CM14-0089723		
Date Assigned:	09/10/2014	Date of Injury:	04/03/2007
Decision Date:	10/06/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/13/2014

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 patient is a 46-year-old female with date of injury of 04/03/2007. The listed diagnoses per [REDACTED] dated 04/30/2014 are: 1. Lumbosacral radiculopathy. 2. Other mechanical complications of other internal orthopedic device. 3. Knee tendinitis/bursitis. The report dated 10/30/2013 notes that the patient continues to complain of lower back pain with some radiation into the lower extremities as well as radiation up into the middle back. The patient is status post lumbar hardware removal on 04/02/2013. She reports that her pain level is 7/10 to 8/10. The physical exam shows spasm, tenderness, and guarded noted in the paravertebral musculature of the lumbar spine with decreased range of motion. Decreased sensation is noted over the L5 dermatomes bilaterally. Well-healed incision is noted over the previous operative site. The patient's status was reverted to the PTP. The utilization review denied the request on 05/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anit-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin and Pregabalin Page(s): 18-19, 49.

Decision rationale: This patient presents with low back pain. The treater is requesting Neurontin. The MTUS Guidelines pages 18 and 19 on gabapentin states that it has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia, and has been considered as first-line treatment for neuropathic pain. MTUS page 60 states that for medications used for chronic pain, efficacy in terms of pain reduction and functional gains must also be documented. The patient was prescribed Neurontin on 04/30/2014, prior medication history was not made available. However, it is unclear whether it was prescribed prior to this date. The 05/20/2014 report notes, "The patient's condition was fairly stable with previous pharmacological regimen including Prozac for her depression and gabapentin for neuropathic pain." In this case, the treater documents adequate functional benefit while utilizing Neurontin. Recommendation is for authorization.

Norco 7.5/325mg 360: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment Page(s): 78, 88-89.

Decision rationale: This patient presents with low back pain. The treater is requesting Norco 7.5/325 mg quantity 360. For chronic opiate use, the MTUS Guidelines pages 88 and 89 states that pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS page 78 also requires documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug-seeking behavior as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opiate, time it takes for medications to work, and duration of pain relief. The 04/30/2014 report show that the patient was prescribed Norco on this date, prior medication history was not made available. In this report, the benefits and risks associated with narcotics were discussed with the patient. The patient notes 30-40% reduction in pain while utilizing Norco. The patient notes improved functional capacity with activities of daily living, self-grooming, chores around the house. There are no reported side effects or suspicion of aberrant behaviors. While the treater does not provide pain scales, it was noted that the patient's pain was reduced by 30-40% using Norco. In this case, the treater has provided adequate documentation required for the continued use of Norco. Recommendation is for authorization.

Prilosec 20mg #60: Overturned

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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: This patient presents with low back pain. The treater is requesting Prilosec 20 mg quantity #60. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states that it is recommended with precaution for patients at risk for gastrointestinal events; ages greater than 65; history of peptic ulcers; GI bleeding or perforation; concurrent use of ASA, corticosteroid, and/or anticoagulant; high dose/multiple NSAIDs. The patient was prescribed Prilosec on 04/30/2014, prior medication history was not made available. In this report, the treater notes that the patient has history of gastroesophageal reflux disease, and it has been exacerbated with medications prescribed. The treater states, "With omeprazole, there has been reduction of acid secretion, reduction in reflux, and reduction in dyspepsia." In this case, the treater has documented gastrointestinal events and recommendation is for authorization.

Prozac 40mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15.

Decision rationale: This patient presents with low back pain. The treater is requesting Prozac 40 mg quantity 30. The MTUS Guidelines pages 13 to 15 on antidepressants recommends this as a first-line option for neuropathic pain and as a possibility for non-neuropathic pain. Tricyclics are generally considered first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Assessment of treatment efficacy should include not only pain outcomes but also an evaluation of function changes and use of other analgesic medications, sleep quality and duration, and psychological assessment. The patient was prescribed Prozac on 04/30/2014, prior medication history was not made available. The records show that the patient is utilizing Prozac for her depression. The treater states, "The patient has been suffering from depression for prolonged period of time being exposed to pain." In this case, MTUS does support the use of antidepressants as a first-line option for neuropathic and non-neuropathic pain. Recommendation is for authorization.