

Case Number:	CM14-0093125		
Date Assigned:	07/25/2014	Date of Injury:	09/16/2001
Decision Date:	09/29/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/19/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of September 16, 2001. The applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; opioid therapy; earlier cervical laminectomy; earlier lumbar laminectomy; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated June 2, 2014, the claims administrator denied a request for Norco, Neurontin, and fentanyl patches. The applicant's attorney subsequently appealed. On May 23, 2014, the applicant reported persistent complaints of neck and low back pain, 6/10. The applicant stated that Skelaxin was not working well for her. The applicant had apparently gained weight, owing to an apparent inability to tolerate exercises. The applicant was status post spinal cord stimulator implantation, it was stated. The applicant was using Duragesic 50 mcg every 72 hours, Naprosyn three times daily, Norco three times daily, and Skelaxin once daily, it was acknowledged. Diminished range of motion was noted about the cervical spine. A variety of medications were refilled, including Duragesic, Neurontin, and Norco. The applicant was asked to start Robaxin. The applicant was asked to try and begin a gym membership. Spinal cord stimulator reprogramming was also endorsed. On April 23, 2014, the applicant reported persistent complaints of neck pain, 6/10. The applicant stated that her neck pain was well managed with a combination of the spinal cord stimulator and current medication consumption. The applicant was described as an "unemployed" former patient coordinator, it was stated on this occasion. The applicant was again described as using Duragesic, Naprosyn, Norco, Neurontin, and Skelaxin. A variety of medications were refilled. The applicant was asked to obtain a spinal cord stimulator reprogramming on a scheduled basis.

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 When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is no longer working. The applicant is reportedly unemployed. While the attending provider did report on April 25, 2014 that the applicant's pain was reportedly well controlled, the attending provider did not elaborate or expound on the same. In a later note dated May 23, 2014, the attending provider stated that the applicant was having difficulty tolerating home exercises, despite ongoing medication consumption. The attending provider did not elaborate or expound upon any tangible or material increments in function achieved as a result of ongoing opioid usage, including ongoing Norco usage. Therefore, the request is not medically necessary.

Neurontin 800mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 19.

Decision rationale: As noted on page 19 of the Chronic Pain Medical Treatment Guidelines, applicants on Gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as a result of the same. In this case, the attending provider's progress notes included only an incomplete evidence of analgesia achieved as a result of ongoing medication usage, including ongoing Gabapentin (Neurontin) usage. The applicant was, moreover, reporting difficulty performing and tolerating home exercises. The applicant was not working, it was further noted. Ongoing usage of Gabapentin failed to diminish or curtail the applicant's consumption of opioid agents such as Fentanyl and Norco. All of the above, taken together, suggests a lack of functional improvement as defined in California Medical Treatment Utilization Schedule (MTUS) 9792.20f, despite ongoing Neurontin usage. Therefore, the request is not medically necessary.

10 Patches of Fentanyl, Dispense 50mcg/hr: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant is reportedly unemployed, it has been acknowledged by the attending provider. While the attending provider's progress notes did contain some incomplete report of analgesia with medication consumption, the applicant was still having difficulty performing activities of daily living, including home exercises, despite ongoing Fentanyl usage. The attending provider did not expound upon or establish the presence of any tangible increments in function achieved as a result of ongoing Fentanyl usage. Therefore, the request is not medically necessary.