

Case Number:	CM14-0096185		
Date Assigned:	07/25/2014	Date of Injury:	06/27/2003
Decision Date:	09/24/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/24/2014

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 Nevada. 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 records presented for review indicate that this 55 year old male was reportedly injured on June 27, 2003. The mechanism of injury is undisclosed. The most recent progress note, dated May 13, 2014, indicates that there are ongoing complaints of low back pain the physical examination demonstrated 6'1" 287 pound individual who is normotensive, antalgic gait is reported, decreased lumbar spine range of motion, ankle jerk is and knee jerk is 2/4 with no sensory losses or motor function losses identified. Diagnostic imaging studies objectified a solid healed the fusion bone graft/mass. Previous treatment includes lumbar fusion surgery, physical therapy, multiple medications and pain management intervention. A request was made for multiple medications and was not certified in the preauthorization process on June 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lexapro 20mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16 & 107 of 127.

Decision rationale: As outlined in the Medical Treatment Utilization Schedule (MTUS) this medication is a selective serotonin reuptake inhibitor (SSRI), a class of antidepressant medication. This is not recommended for chronic pain however the progress notes indicate this is being used to address some of the psychological issues. This medication is noted to be effective against the panic attacks the injured employee suffers. Therefore, when noting the clinical data presented for review, noting the decrease in the panic attacks (i.e. decrease symptomology) there appears to be a clinical indication for this medication. Therefore, in addressing the panic attacks (and not chronic pain) there is a medical necessity for continued use of this medication.

Gabapentin 800mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 16-20, 49 of 127.

Decision rationale: As outlined in the Medical Treatment Utilization Schedule (MTUS), this medication is effective for the treatment of painful diabetic neuropathy or post herpetic neuralgia. An off label use allows for neuropathic pain lesion. However, the MRI noted a well healed fusion mass and no evidence of nerve root compression. Therefore, based on the clinical information presented for review there is no clear clinical indication for the medical necessity of the continued use of this medication. This request is not medically necessary.

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 74-78, 88, 91 of 127.

Decision rationale: It is noted that this individual is also taking other chronic opioid analgesics. The modest gains noted for breakthrough are identified but there is no clear clinical indication presented of any efficacy or utility with the continued use of this medication. Therefore, based on the limited progress notes and the marginal gains made there is no clinical indication to continue this additional opioid analgesic. This request is not medically necessary.

Opana ER 30mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 74, 78, 93 of 127.

Decision rationale: While noting the injury sustained, and the treatment rendered (to include the lumbar fusion surgery) there is no objectified data suggesting that this medication has demonstrated any efficacy or utility. There is no increase in functionality, decrease in symptomology, or alteration the pain complaints. The MTUS supports this medication if there is documentation of pain relief and increased functional status. Seeing none, the medical necessity for this medication has not been established.