

Case Number:	CM14-0097400		
Date Assigned:	07/28/2014	Date of Injury:	09/10/2009
Decision Date:	11/05/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/25/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 40-year-old male who reported an injury on 09/10/2009. The mechanism of injury involved a fall. The current diagnoses include herniated nucleus pulposus of the lumbar spine and lumbar radiculopathy with left L5 spondylosis. Previous conservative treatment is noted to include acupuncture, chiropractic therapy, physical therapy, injections, and medication management. The current medication regimen includes Hydrocodone 10/325 mg, Docuprene, Gabapentin, and Ambien 10 mg. The injured worker was evaluated on 06/24/2014 with complaints of 6/10 neck pain. The injured worker also reported abdominal cramping and lower back pain. The injured worker also reported ongoing opioid induced constipation. Physical examination on that date revealed an antalgic gait, tenderness to palpation over the cervical and lumbar paraspinal bilaterally, limited cervical and lumbar range of motion, decreased sensation in the left C5-7 dermatomes, decreased sensation in the left L4-S1 dermatomes, diminished motor strength in the bilateral upper extremities, diminished motor strength in the bilateral lower extremities, and positive straight leg raise. Treatment recommendations at that time included continuation of the current medication regimen. There was no request for authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Docuprene 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Opioid Induced Constipation

Decision rationale: California MTUS Guidelines state prophylactic treatment of constipation should be initiated when also initiating opioid therapy. The Official Disability Guidelines recommend increasing physical activity, maintaining appropriate hydration, and advising the patient to follow a proper diet for first line treatment of opioid induced constipation. As per the documentation submitted, the injured worker has continuously utilized this medication since 03/2014. The injured worker continues to report opioid induced constipation. There is no documentation of objective functional improvement. As such, the request is not medically appropriate.

Ambien 10 mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Insomnia Treatment

Decision rationale: The Official Disability Guidelines state insomnia treatment is recommended based on etiology. Ambien is indicated for the short term treatment of insomnia with difficulty of sleep onset for 7 to 10 days. The injured worker does not maintain a diagnosis of insomnia or sleep disorder. The medical necessity for the requested medication has not been established. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Hydrocodone/APAP #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized this medication since 03/2014 without any evidence of objective functional improvement. There is also no strength or frequency listed in the request. As such, the request is not medically appropriate.

Gabapentin 600mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

Decision rationale: California MTUS Guidelines state anti-epilepsy drugs are recommended for neuropathic pain. Gabapentin has been shown to be effective for treatment of diabetic painful neuropathic and postherpetic neuralgia. It has also been considered as a first line treatment for neuropathic pain. The injured worker has continuously utilized this medication since 03/2014 without any evidence of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically appropriate.