

Case Number:	CM14-0188846		
Date Assigned:	11/20/2014	Date of Injury:	12/30/1991
Decision Date:	01/08/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/12/2014

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 Emergency 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 injured worker sustained an injury on December 30, 1991. The mechanism of injury is not noted. Pertinent diagnostics were not noted. Treatments have included: medications. The current diagnoses are cervicalgia, cervical radiculopathy, lumbar radiculopathy, SI joint dysfunction, chronic narcotics use, and insomnia. The stated purpose of the request for OxyContin 30 mg #90 was not noted. The request for OxyContin 30 mg #90 was denied on November 6, 2014, citing a lack of documentation of functional improvement. The stated purpose of the request for Gabapentin 400 mg #90 with two refills was not noted. The request for Gabapentin 400 mg #90 with two refills was denied on November 6, 2014, citing a lack of documentation of functional improvement. The stated purpose of the request for Soma 350 mg #30 was not noted. The request for Soma 350 mg #30 was denied on November 6, 2014, citing a lack of guideline support for long-term use. The stated purpose of the request for Prozac 40 mg #60 was for depression. The request for Prozac 40 mg #60 was denied on November 6, 2014, citing a lack of documentation of functional improvement. Per the report dated October 21, 2014, the treating physician noted chronic pain to the low back, neck and both lower extremities, as well as insomnia and depression. Exam findings are non-contributory.

IMR ISSUES, DECISIONS AND RATIONALES

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

OxyContin 30mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain Page(s): 78-80, 80-82.

Decision rationale: The requested OxyContin 30 mg #90 is not medically necessary. The California MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, pages 78-80 and Opioids for Chronic Pain, pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has chronic pain to the low back, neck and both lower extremities, as well as insomnia and depression. This medication has been prescribed since at least April 2014. The treating physician has not documented VAS pain quantification with and without medications, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above are not met. Therefore, the requested OxyContin 30 mg #90 is not medically necessary.

Gabapentin 400mg #90 with two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy drugs Page(s): 16-18.

Decision rationale: The requested Gabapentin 400mg #90 with two refills is not medically necessary. The MTUS Chronic Pain Medical Treatment Guidelines, pages 16-18, 21, note that anti-epilepsy drugs are "Recommended for neuropathic pain due to nerve damage." The injured worker has chronic pain to the low back, neck and both lower extremities, as well as insomnia and depression. This medication has been prescribed since at least April 2014. The treating physician has not documented current physical exam evidence indicative of radiculopathy, or objective evidence of derived functional improvement from its use. The criteria noted above are not met. Therefore, the requested Gabapentin 400mg #90 with two refills is not medically necessary.

Soma 350mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol, Muscle Relaxants Page(s): 29; 63-66.

Decision rationale: The requested Soma 350mg #30 is not medically necessary. The California MTUS Chronic Pain Treatment Guidelines, Carisoprodol, page 29, specifically do not recommend this muscle relaxant, and Muscle Relaxants, pages 63-66 do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has chronic pain to the low back, neck and both lower extremities, as well as insomnia and depression. This medication has been prescribed since at least April 2014. The treating physician has not documented spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above are not met. Therefore, the requested Soma 350mg #30 is not medically necessary.

Prozac 40mg #60: Upheld

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

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

Decision rationale: The requested Prozac 40mg #60 is not medically necessary. The California MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain, Pages 13-15, recommend SSRI antidepressants as a second option for the treatment of depression, and even though they are not recommended for the treatment of chronic pain, they are recommended for the treatment of neuropathic pain. "Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors, unless adverse reactions are a problem." The injured worker has chronic pain to the low back, neck and both lower extremities, as well as insomnia and depression. This medication has been prescribed since at least April 2014. The treating physician has not documented failed trials of tricyclic antidepressants, nor functional improvement from its previous use. The criteria noted above are not met. Therefore, the requested Prozac 40mg #60 is not medically necessary.