

Case Number:	CM15-0003037		
Date Assigned:	01/14/2015	Date of Injury:	11/25/2002
Decision Date:	03/24/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	01/07/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, New York, Florida
 Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 55-year-old female who reported injury on 11/25/2002. The mechanism of injury was cumulative trauma. The Request for Authorization submitted for review, dated 11/13/2014. The documentation of 11/13/2014 revealed the injured worker had continuing pain that radiated to the front of the legs. The injured worker had positive tenderness to the lumbar spine paravertebral muscles and positive tenderness in the thigh to deep palpation. The diagnosis included neck pain, low back pain, and chronic pain syndrome. The treatment plan included renewal of medications and to increase gabapentin to 300 mg 3 times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #90 with 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to indicate the injured worker was being monitored for aberrant drug behavior and side effects. There was a lack of documentation of objective functional improvement and an objective decrease in pain. Additionally, there was a lack of documentation indicating a necessity for 2 refills without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325 mg #90 with 2 refills is not medically necessary.

Orphenadrine ER #90 with 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second line option for the short term treatment of pain. Their use is recommended for less than 3 weeks. The clinical documentation submitted for review failed to indicate the objective functional benefit that was received from the medication. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. The clinical documentation submitted for review failed to support the necessity for 2 refills without re-evaluation. Given the above, the request for orphenadrine ER #90 with 2 refills is not medically necessary.

Gabapentin 300 MG #90 with 2 Refills: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that antiepilepsy medications are recommended as first line medication for the treatment of neuropathic pain. There should be documentation of objective functional improvement and an objective decrease in pain of at least 30 to 50%. The clinical documentation submitted for review failed to provide documentation of an objective decrease in pain and objective improvement in function. There was a lack of documentation indicating a necessity for 2 refills without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for gabapentin 300 mg #90 with 2 refills is not medically necessary.

Zolpidem 10 MG #30 with 2 Refills: 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) Pain Chapter, Zolpidem.

Decision rationale: The Official Disability Guidelines recommend zolpidem for the short term treatment of insomnia, up to 10 days. The clinical documentation submitted for review failed to provide documented efficacy for the requested medication. There was a lack of documentation indicating exceptional factors to warrant nonadherence to guideline recommendations. There was a lack of documentation indicating a necessity for 2 refills without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above and the lack of documentation of exceptional factors, the request for zolpidem 10 mg #30 with 2 refills is not medically necessary.