

Case Number:	CM15-0004879		
Date Assigned:	01/16/2015	Date of Injury:	09/08/2000
Decision Date:	05/01/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/09/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 69-year-old male who sustained an industrial injury on September 8, 2000. He has reported back pain and left shoulder pain and has been diagnosed with degenerative disc disease, myofascial pain, lumbar degenerative disc disease, sciatica, low back pain, arthritis of the back, and shoulder pain. Treatment to date has included physical therapy, gym membership, and medication management. Currently the injured worker complains of back pain that is aching, cramping, and spasmodic and fluctuates in intensity. The treatment plan consisted of medication and a urine drug screen. On December 17, 2014, Utilization Review modified Norco 10/325 # 60 with 2 refills, neurontin 600 mg # 180 with 1 refill, naproxen 500 mg # 180 with 1 refill, and non-certified flector patch 1.3 % topical # 60 with 1 refills citing the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment - Weaning of Medications Page(s): 124.

Decision rationale: It was noted in the visits that the IW is only occasionally using the Norco, as the Neurontin and naproxen are effective in managing pain and allowing sleep. As evidenced in prior requests the number of Norco is being reduced and thus would be appropriate for weaning and use for pain exacerbations. This request is medically necessary and appropriate.

Neurontin 600mg #180 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 18-19.

Decision rationale: The IW complains of neuropathic pain component and relief with Neurontin and Naproxen. Neurontin is indicated as a first-line treatment for neuropathic pain and since the IW is receiving relief for the medication. This request is medically necessary and appropriate.

Flector Patches 1.3% Topical #60 with 1 refill: 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) Topical Analgesics; NSAID's | 111-113.

Decision rationale: Topical NSAIDs are indicated if systemic NSAIDs are not tolerated due to side effects or medication interactions. There is no indication in the records that the IW had intolerance of systemic NSAIDs and is currently taking Naproxen regularly. Additionally, Flector is FDA approved for topical treatment of acute pain due to sprains, strains and contusions. Given that the injury occurred in 2000 this is not acute and the Flector patches are not indicated or medically necessary.

Naproxen 500mg #180 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's; Back Pain - Chronic Low Back Pain Page(s): 67-68.

Decision rationale: The progress notes indicate that the IW is responding well to Neurontin and Naproxen and was able to wean down on the opioid medication. Therefore, the continuation of the Naproxen is indicated and medically necessary.