

Case Number:	CM15-0102530		
Date Assigned:	06/04/2015	Date of Injury:	10/19/2010
Decision Date:	07/03/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	05/28/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56 year old male, who sustained an industrial injury on October 19, 2010. The injured worker has been treated for neck and low back complaints. The diagnoses have included chronic neck pain, chronic pain syndrome, cervical degenerative disc disease, cervical discogenic pain syndrome, cervical radiculitis, lumbar stenosis, lumbar radiculitis and lumbar degenerative disc disease. Treatment to date has included medications, radiological studies, MRI, massage therapy, injections, a transcutaneous electrical nerve stimulation unit, injections, home exercise program, ice treatments, physical therapy, acupuncture treatments and cervical spine surgery. Current documentation dated May 12, 2015 notes that the injured worker reported neck and low back pain. The injured worker described the pain as aching and burning in his head, neck low back, abdomen and right lower extremity. The pain was unchanged from the prior visit. The pain was rated an 5.5/10 on the visual analogue scale with medications. Examination of the cervical spine revealed tenderness over the paraspinal muscles and facet joints. Range of motion was reduced in all planes. Strength and sensation were normal. Spurling's sign was negative. Examination of the lumbar spine revealed tenderness over the paraspinal muscles and increased pain with flexion and extension. A straight leg raise was positive bilaterally. The treating physician's plan of care included a request for the medications Prilosec 20 mg # 60, Norco 10/325 mg # 120 and Neurontin 300 mg # 90 with three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

Decision rationale: The claimant sustained a work injury in October 2000 and continues to be treated for neck and low back pain. He has right lower extremity radiating symptoms. Medications are referenced as decreasing pain from 8.5/10 to 5/10. When seen, review of systems was negative for gastrointestinal problems including indigestion. There was lumbar paraspinal muscle tenderness with myofascial restrictions and pain with flexion and extension. Straight leg raising was positive. Medications included Norco being prescribed at a total MED (morphine equivalent dose) of 40 mg per day and Neurontin at a daily dose of 900 mg per day. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is not taking an oral NSAID and has no gastrointestinal symptoms. Therefore, the continued prescribing of Prilosec was not medically necessary.

Norco 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant sustained a work injury in October 2000 and continues to be treated for neck and low back pain. He has right lower extremity radiating symptoms. Medications are referenced as decreasing pain from 8.5/10 to 5/10. When seen, review of systems was negative for gastrointestinal problems including indigestion. There was lumbar paraspinal muscle tenderness with myofascial restrictions and pain with flexion and extension. Straight leg raising was positive. Medications included Norco being prescribed at a total MED (morphine equivalent dose) of 40 mg per day and Neurontin at a daily dose of 900 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (Hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing pain control. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.

Neurontin 300mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-epilepsy Drugs.

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

Decision rationale: The claimant sustained a work injury in October 2000 and continues to be treated for neck and low back pain. He has right lower extremity radiating symptoms. Medications are referenced as decreasing pain from 8.5/10 to 5/10. When seen, review of systems was negative for gastrointestinal problems including indigestion. There was lumbar paraspinal muscle tenderness with myofascial restrictions and pain with flexion and extension. Straight leg raising was positive. Medications included Norco being prescribed at a total MED (morphine equivalent dose) of 40 mg per day and Neurontin at a daily dose of 900 mg per day. Neurontin (gabapentin) has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of greater than 1200 mg per day. In this case, the claimant's gabapentin dosing is less than that recommended or potentially to be effective. Ongoing prescribing at this dose is not medically necessary.