

Case Number:	CM15-0106489		
Date Assigned:	06/10/2015	Date of Injury:	02/26/2013
Decision Date:	07/13/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/02/2015

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 57-year-old female, who sustained an industrial injury on February 26, 2013. She reported lifting a patient when she felt a pulling and shooting sensation in her low back down her bilateral lower extremities. The injured worker was diagnosed as having cervical radiculitis, myofascial pain, chronic pain syndrome, and lumbosacral radiculitis. Treatment to date has included massage therapy, chiropractic treatments, lumbar epidural steroid injections (ESIs), and medication. Currently, the injured worker complains of chronic neck pain with radiation to the bilateral shoulders and right upper extremity, low back pain with radiation to the bilateral lower extremities and bilateral hip pain. The Treating Physician's report dated May 6, 2015, noted the injured worker reporting a decrease in pain with Naprosyn, a 50 percent decrease in pain with Neurontin, and 50 percent decrease in pain with Norco, with omeprazole eliminating Naprosyn induced gastritis. Physical examination was noted to show tenderness to palpation over the lumbar paraspinal muscles overlying the facet joints on both sides, with trigger points and muscle spasms noted over the lower paraspinals, and straight leg raise positive on the right side. The treatment plan was noted to include refills for Omeprazole, Naproxen Sodium, Gabapentin, and Vicodin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #90 Refills 5 (prescribed 5/6/2015): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

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 February 2013 and continues to be treated for chronic right sided neck and radiating low back pain. Medications are referenced as providing 50% pain relief with improved standing, walking, and exercise tolerance. When seen, there was decreased lower extremity sensation and an antalgic gait. There was lumbar spine tenderness with decreased and painful range of motion. Medications include Vicodin being prescribed at a total MED (morphine equivalent dose) of 10 mg per day. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and post herpetic 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 consistent with recommended guidelines and therefore medically necessary.

Vicodin 5mg-300mg #60 (prescribed 5/6/2015): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue Opioids, Opioids for neuropathic pain.

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 February 2013 and continues to be treated for chronic right sided neck and radiating low back pain. Medications are referenced as providing 50% pain relief with improved standing, walking, and exercise tolerance. When seen, there was decreased lower extremity sensation and an antalgic gait. There was lumbar spine tenderness with decreased and painful range of motion. Medications include Vicodin being prescribed at a total MED (morphine equivalent dose) of 10 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. Vicodin (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 and improved activity tolerance. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Vicodin was medically necessary.

Naproxen sodium 550mg #60 Refills 5 (prescribed 5/6/2015): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, Page(s): 68-73.

Decision rationale: The claimant sustained a work injury in February 2013 and continues to be treated for chronic right sided neck and radiating low back pain. Medications are referenced as providing 50% pain relief with improved standing, walking, and exercise tolerance. When seen, there was decreased lower extremity sensation and an antalgic gait. There was lumbar spine tenderness with decreased and painful range of motion. Medications include Vicodin being prescribed at a total MED (morphine equivalent dose) of 10 mg per day. Oral NSAIDs (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain as in this case. Dosing of naproxen is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the requested dose is in within guideline recommendations and therefore medically necessary.