

Case Number:	CM15-0012025		
Date Assigned:	01/29/2015	Date of Injury:	03/12/2002
Decision Date:	04/20/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/21/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 50-year-old male patient, who sustained an industrial injury on 03/12/2007. A primary treating office visit dated 12/30/2014 reported the worker had been last seen on 12/04/2014 at which time the PCP resumed the medication Neurontin at 300 MG three times daily with the intent of tapering to prior dosage. Furthermore, the patient reported not being able to obtain prescriptions secondary to non-authorization. He also had an emergency room visit on 12/08/2014 due to increased pain and medications unavailable. The patient was seen for psychiatric evaluation. Diagnostic testing included a magnetic resonance image performed 11/11/2013 that showed status post anterior and posterior fusion at L5-S1 without evidence of stenosis or any neuroforaminal compromise. At L4-5, there is mild retrolisthesis with mild broad left lateralizing disc protrusion creating mild right lateralizing central spinal lateral recess and neuroforaminal stenosis. He underwent neurosurgery on 04/04/2013 with review of past radiographic study nine months ago that noted a degeneration of the L4-5 disc and recommendation for surgical intervention was made. The assessment noted to include lumbar degenerative disc disease, status post posterior/anterior fusions complicated by post-operative meningitis and subsequent removal of hardware; chronic low back pain; bilateral lumbosacral radiculopathy, urinary retention, left lower abdominal hernia, status post abdominal wall procedure and chronic Hepatitis C. His disability status was declared permanent and stationary on 05/03/2009. The plan of care involved continues with Neurontin, Opana ER and pending psychological evaluation. On 01/14/2015 Utilization Review non-certified the request for medications Opana ER and Neurontin, noting the CA MTUS Chronic Pain Guideline was cited.

The injured worker submitted an application for independent medical review of requested services on 01/20/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 40mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxymorphone (Opana).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Opana ER 40mg #30 is not medically necessary per the MTUS Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on long-term opioids without significant functional improvement therefore the request for continued Opana ER is not medically necessary.

Neurontin 600mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

Decision rationale: Neurontin 600mg #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that after initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use to justify continued treatment. The documentation does not indicate evidence of significant pain relief or functional improvement on prior Neurontin. The request for continued Neurontin is not medically necessary.