

Case Number:	CM15-0018459		
Date Assigned:	02/06/2015	Date of Injury:	09/19/2008
Decision Date:	04/03/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	01/30/2015

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

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 49-year-old male who reported a cumulative trauma injury on 09/19/2008. The current diagnosis is cervical sprain/strain. The injured worker presented on 01/14/2015 for a follow-up evaluation. Upon examination of the cervical spine, there was 30 degree flexion, 30 degree extension, 25 degree lateral flexion, 40 degree left rotation with pain, severe spasm, 3/5 motor weakness in the left upper extremity, decreased sensation in the C5-7 distribution on the left, and diminished grip strength. There was tenderness to palpation over the left scalene muscles. Additionally, there was a left sided inguinal hernia noted. Recommendations at that time included a cervical fusion as well as prescriptions for OxyContin 40 mg, Norco 10/325 mg, gabapentin 600 mg, ibuprofen 800 mg, docusate 250 mg and Lidoderm 5% patch. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg 1 by mouth twice a day #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

Decision rationale: California MTUS Guidelines state anti-epilepsy drugs are recommended for neuropathic pain. According to the documentation provided, the injured worker has continuously utilized the above medication since at least 09/2014. There is no documentation of objective functional improvement. Therefore, the ongoing use of gabapentin would not be supported in this case. As such, the request is not medically appropriate.

Ibuprofen 800 1 by mouth twice day #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDS are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDS are recommended as a second line option after acetaminophen. The injured worker has continuously utilized the above medication. Guidelines do not support long term use of NSAIDS. There was no indication that this injured worker was suffering from an acute exacerbation of chronic pain. There was also no evidence of a failure of first line treatment with acetaminophen. Given the above, the request is not medically appropriate.

Norco 10/325mg 1 by mouth twice a day #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the injured worker has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There was no documentation of objective functional improvement despite the ongoing use of this medication. Recent urine toxicology reports documenting evidence of injured worker compliance and non-aberrant behavior were not provided. There was also no documentation of a written consent or agreement for chronic use of an opioid. Given the above, the request is not medically appropriate at this time.

Oxycontin 4mg 1 by mouth twice a day #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the injured worker has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There was no documentation of objective functional improvement despite the ongoing use of this medication. Recent urine toxicology reports documenting evidence of injured worker compliance and non-aberrant behavior were not provided. There was also no documentation of a written consent or agreement for chronic use of an opioid. Given the above, the request is not medically appropriate at this time.