

Case Number:	CM15-0137983		
Date Assigned:	07/27/2015	Date of Injury:	10/16/2002
Decision Date:	08/28/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/16/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 October 16, 2002. He reported head, neck, low back, right arm and right leg pain. The injured worker was diagnosed as having lumbar degenerative disc disease. Treatment to date has included x-rays, MRI, medication, epidural spinal injection, rest, heat-cold therapy, chiropractic care and home exercise program. Currently, the injured worker complains of low back pain described as aching and cramping (right greater than left). He reports tingling, numbness and sharp shooting sensations into the right arm and right leg. He also reports right leg weakness that has resulted in falls. He reports right sided neck pain, described as constant, aching and cramping that radiates to the back of his head and causing a headache on both sides of his forehead as well as his forehead. He reports shoulder blade and groin pain as well. His pain is exacerbated by prolonged walking, sitting, lifting, bending, standing and sneezing. The injured worker is diagnosed with cervical intervertebral disc degeneration, right hip degenerative joint disease, osteoarthritis of spinal facet joint, spinal stenosis of lumbar region, lumbar radiculopathy, shoulder pain and lumbar or lumbosacral intervertebral disc degeneration. A note dated April 8, 2015 states the injured worker experienced relief for eight months from the epidural injection. A note dated May 13, 2015 states the injured worker experiences pain relief from medication, heat-cold therapy, rest, home exercise program, chiropractic care and epidural injections. A note dated June 5, 2015 states the injured worker experienced a 60% improvement from the epidural injection. It also states the injured worker is receiving efficacy from his medication regimen, which allows him to function and engage in activities of daily living. The following medications, Norco 5-325 mg #120 and Neurontin 300 mg #90 are being requested to continue to provide the injured worker pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic use Page(s): 80.

Decision rationale: CA MTUS Guidelines state that opioids should be used at the lowest possible dose for the shortest period of time in order to improve pain and function. In this case, there is no documentation of symptomatic or functional improvement from the usage of Norco. There is also no documentation of compliance with opioid recommended guidelines, such as urine drug screening, risk assessment profile, attempt at weaning or tapering and an updated pain contract. Therefore, the continued use of Norco is not medically necessary.

Neurontin 300mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-22.

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

Decision rationale: CA MTUS states that antiepilepsy drugs (AED) are recommended for neuropathic pain. A good response has been defined as a 50% reduction in pain. In this case, there is no documentation of radicular pain or physical examination findings consistent with radiculopathy. There is also insufficient evidence of a good response to pain relief. Therefore, Neurontin is not medically necessary based upon the records submitted for review.