MAXIMUS Federal Services

Case Number:	CM15-0138240		
Date Assigned:	07/28/2015	Date of Injury:	11/08/2004
Decision Date:	08/27/2015	UR Denial Date:	07/14/2015
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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 52-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 8, 2004. In a Utilization Review report dated July 14, 2015, the claims administrator failed to approve requests for Norco, MS Contin, and Neurontin. The claims administrator referenced a July 8, 2015 RFA form and an associated July 2, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On July 2, 2015, the applicant reported ongoing complaints of shoulder pain, 4/10 with medication versus 8/10 without medications. The applicant was on Motrin, Desyrel, Soma, Neurontin, Flector, MS Contin, Norco, Albuterol, and baby aspirin, it was reported. The attending stated that the applicant's medications were attenuating her pain complaints and allowing her to do household chores such as taking her children to school, cook and/or clean her home. Permanent work restrictions were renewed. It was acknowledged that the applicant was not, in fact, working. The applicant exhibited a visibly antalgic gait in the clinic. The applicant was overweight, with a BMI of 34, it was reported. The applicant's quality of sleep was poor, it was suggested. The attending provider stated that the applicant would be unable to walk over one block without her medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg Qty. 160 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, it was acknowledged on the July 2, 2015 office visit at issue. The applicant's quality of sleep was poor, it was reported. The applicant's walking tolerance was likewise poor, the treating provider reported on that date. While the attending provider did recount some reported reduction in pain scores from 8/10 without medications to 4/10 with medications, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to identify meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing opioid usage. The attending provider's commentary to the effect that the applicant's ability to take her children to school, cook, and/or clean as a result of ongoing medication consumption did not constitute evidence of a meaningful, material, or substantive improvement in function and was, furthermore, outweighed by the applicant's failure to return to work here. Therefore, the request was not medically necessary.

MS Contin 15mg Qty. 80 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for MS Contin, a long-acting opioid, was likewise, not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, it was acknowledged on July 2, 2015. The applicant's quality of sleep was poor, it was reported on that date. The applicant's standing and walking tolerance were described as diminished on that date. While the attending provider did recount some reported reduction in pain scores from 8/10 without medications to 4/10 with medications, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing MS Contin usage. The attending provider's reports to the effect that the applicant's ability to cook, clean, and take her children to school with ongoing medication consumption did not constitute evidence of a meaningful, material, and/or substantive improvement in function achieved as a result of ongoing MS Contin usage and was outweighed by the applicant's failure to return to work. Therefore, the request was not medically necessary.

Neurontin 800mg Qty. 180 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone TM, generic available) Page(s): 19.

Decision rationale: Finally, the request for Neurontin (gabapentin), an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants on gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function as a result of the same. Here, the applicant continued to report difficulty walking despite ongoing Neurontin usage. Ongoing usage of Neurontin (gabapentin) failed to curtail the applicant's dependence on opioid agents such as Norco and MS Contin. All of the foregoing, taken together, outweighed the attending provider's reports of analgesia effected as a result of ongoing Neurontin usage and, furthermore, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.