

Case Number:	CM15-0162715		
Date Assigned:	09/10/2015	Date of Injury:	07/29/1999
Decision Date:	10/13/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/19/2015

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 [REDACTED] employee who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 29, 1999. In a Utilization Review report dated July 26, 2015, the claims administrator failed to approve a request for Norco, Neurontin, and Ativan. The claims administrator referenced a June 18, 2015 progress note and an associated July 15, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On February 2, 2015, it was acknowledged that the applicant was no longer working and had last worked in October 1999. Multifocal complaints of neck, bilateral shoulder, bilateral elbow, bilateral wrist, bilateral hand, low back, right hip, bilateral knee, bilateral neck, and bilateral foot pain were reported. The applicant had undergone earlier failed lumbar spine surgery, it was reported, and was receiving care through a pain management physician and a psychologist, it was reported and pain complaints as high as 7 out of 10 were reported. Activities as basic as standing, walking, and sitting remain problematic, it was acknowledged. The applicant was asked to pursue a left knee total knee replacement procedure while continuing current medications. On June 8, 2015, the applicant received a left knee corticosteroid injection, medication selection and medication efficacy was not detailed. It did not appear that the applicant had undergone a knee replacement as of this point. On June 18, 2015, the applicant received refills of Norco, Neurontin, and Ativan. The attending provider contended that the applicant's medications were beneficial but did not elaborate further. It was suggested that the applicant had undergone earlier failed lumbar spine surgery. It was not clearly stated for what purpose Ativan was being employed. On April 17, 2015, Norco, Neurontin, and Ativan

were endorsed. It was stated that Ativan was being employed for anxiolytic effect of this date. The applicant was described as unchanged. No seeming discussion of medication efficacy transpired at this point.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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 not working and had last worked in 1999 and it was reported on February 2, 2015. 7/10 pain complaints were reported on that date. Activities as basic as standing, sitting, and walking remain problematic, it was reported. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) suspected as a results of ongoing Norco usage via progress notes of June 18, 2015 and April 17, 2015. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Norco. Therefore, the request is not medically necessary.

Neurontin 300 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Similarly, 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 (Neurontin) should be asked at 'at each visit' as to whether there have been improvements in pain and/or function achieved as a result of the same. Here, however, the applicant remained off of work and it was reported in February 2015. Ongoing usage of Neurontin failed to curtail the applicant's dependence on opioid agents such as Norco, it was acknowledged on progress note of April 17, 2015 and June 18, 2015. Little to no discussion of medication efficacy transpired on office visit of June 18, 2015 and April 17, 2015. All of the foregoing, taken together, 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.

Ativan 1 MG #60 (6/18/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

Decision rationale: Finally, the request for Ativan, a benzodiazepine anxiolytic, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Ativan may be appropriate for 'brief periods' in cases of overwhelming symptoms, here, however, the renewal request for Ativan seemingly represented continued usage of the same for chronic, long-term, and/or twice daily use purposes, for anxiolytic effect. Such usage, however, ran counter to the short-term role for which anxiolytics are espoused, per the MTUS Guideline in ACOEM Chapter 15, page 402. Therefore, the request is not medically necessary.