

Case Number:	CM15-0186896		
Date Assigned:	09/28/2015	Date of Injury:	06/20/2012
Decision Date:	11/12/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/22/2015

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

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:

This injured worker is a 49 year old male, who sustained an industrial injury on 06-20-2012. The injured worker was diagnosed as having lumbosacral pain status post prior fusion at L5-S1 and L4-L5 degenerative changes. On medical records dated 08-04-2015 and 05-13-2015, the subjective complaints were noted as low back pain that radiates to left leg. Pain was rated as 6 out of 10 without medication and 3 out of 10 with medication. The injured worker reported not sleeping well, and constipation with medication. Objective findings were noted as tenderness to palpation, negative straight leg raise bilaterally and range of motion was noted as forward flex 60 degrees, extend 10 degrees, right rotate 70 degrees, left rotate 70 degrees, right tilt 20 degrees and left tilt 20 degrees. Treatment to date included medication, surgical intervention, laboratory studies, and sessions of physical therapy. The injured worker was noted to require work restrictions. Current medications were not listed on medical records 08-04-2015. The injured worker was noted to be on Norco and Percocet since at least 10/2014. The Utilization Review (UR) was dated 08-19-2015. A request Norco 10-325mg, Percocet 10-325mg and Neurontin 300mg was submitted. The UR submitted for this medical review indicated that the request Norco 10-325mg, Percocet 10-325mg and Neurontin 300mg was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: 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, Opioids for chronic pain.

Decision rationale: The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. It cites opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated specific improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. Additionally, there is no demonstrated evidence of specific increased functional status derived from the continuing use of opioids in terms of decreased pharmacological dosing with persistent severe pain for this chronic 2012 injury without acute flare, new injury, or progressive neurological deterioration. The Norco 10/325mg is not medically necessary or appropriate.

Percocet 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, cancer pain vs. nonmalignant pain, Opioids, long-term assessment, Opioids, pain treatment agreement.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document

for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of two short-acting opioids with persistent severe pain. The Percocet 10/325mg is not medically necessary or appropriate.

Neurontin 300mg (unspecified): 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: Although Neurontin (Gabapentin) has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain; however, submitted reports have not adequately demonstrated the specific symptom relief or functional benefit from treatment already rendered for this chronic injury. Medical reports have not demonstrated specific change, progression of neurological deficits or neuropathic pain with functional improvement from treatment of this chronic injury in terms of increased ADLs and work status, decreased pharmacological dosing and medical utilization for this chronic 2012 injury. Previous treatment with Neurontin has not resulted in any functional benefit and medical necessity has not been established. The Neurontin 300mg (unspecified) is not medically necessary or appropriate.