

Case Number:	CM15-0196333		
Date Assigned:	10/09/2015	Date of Injury:	06/26/2007
Decision Date:	11/30/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/06/2015

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 64-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of June 26, 2007. In a Utilization Review report dated December 23, 2015, the claims administrator failed to approve requests for Norco and Neurontin. The claims administrator referenced an August 20, 2015 date of service in its determination. The applicant's attorney subsequently appealed. On July 16, 2015, the applicant reported ongoing complaints of neck and shoulder pain. The applicant's medications include Norco, Metformin, insulin, Pamelor, Pepcid, Trazodone, Neurontin, Hydralazine, Coreg, Atarax, losartan, and Flomax, it was reported. The applicant was still smoking, it was reported. The applicant was "unemployed," it was acknowledged in the Social History section of the note. Permanent work restrictions were renewed on this date. Repeat radiofrequency ablation procedures were sought while multiple medications were renewed and/or continued. Little-to-no seeming discussion of medication efficacy transpired. On July 26, 2015, it was acknowledged that the applicant was not working. The applicant was receiving Social Security Disability Insurance (SSDI) benefits in addition to Workers' Compensation indemnity benefits. Tramadol and Flexeril were renewed. It was suggested that the applicant was receiving Norco from another prescriber. On August 20, 2015, the applicant was again described as having ongoing complaints of neck and back pain with associated difficulty performing activities of daily living as basic as standing, lifting, twisting, driving, and writing, the treating provider reported. Multiple medications were renewed and/or continued, including Norco and Neurontin. The applicant was not working and was unemployed, the treating provider reported. The applicant was still smoking, however, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

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, is 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, it was acknowledged on office visits of August 20, 2015 and July 22, 2015. The applicant was receiving both Workers' Compensation indemnity benefits and Social Security Disability Insurance (SSDI) benefits, the treating providers reported on those dates. Activities of daily living as basic as standing, lifting, twisting, driving, and writing remained problematic, the treating provider reported on August 20, 2015. It did not appear, in short, the applicant profited from ongoing Norco usage in terms of the parameters set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Page 78 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that applicants should receive opioid prescriptions from a single practitioner. Here, however, the applicant was in fact receiving Norco from one prescriber and Tramadol from another, one of the applicant's treating providers reported on July 22, 2015. Therefore, the request is not medically necessary.

Neurontin 300 mg #270: Upheld

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

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, is 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 achieved as a result of the same. Here, however, the applicant remained off of work, the treating provider on July 22, 2015 and August 20, 2015. Activities of daily living as basic as standing, lifting, twisting, driving, writing, pushing, and pulling remained problematic, it was reported on office visits of August 20, 2015 and July 22, 2015. Ongoing usage of Neurontin failed to curtail the applicant's dependence on opioid agents such as Norco and Tramadol. 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 is not medically necessary.