

Case Number:	CM15-0206069		
Date Assigned:	10/22/2015	Date of Injury:	08/14/2000
Decision Date:	12/04/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/20/2015

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: Emergency 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 injured worker is a 53 year old male, who sustained an industrial injury on 08-14-2000. The injured worker is currently permanently disabled. Medical records indicated that the injured worker is undergoing treatment for chronic headaches from electrocution accident, neck pain, frequent syncopal episodes, and seizure disorder. Treatment and diagnostics to date has included psychiatric treatment and use of medications. Recent medications have included Duragesic patches, Norco, Neurontin, Cymbalta, Restoril, Klonopin, and Abilify. Subjective data (07-30-2015 and 08-27-2015), included chronic neck pain and headache. The treating physician noted that the injured worker's pain is brought down to a 6 out of 10 from 8-10 out of 10 with use of the Duragesic patch and Norco. "No significant change" noted for objective findings (08-27-2015). The request for authorization dated 10-06-2015 requested Duragesic patch 100mcg #15, Norco 10-325mg four times daily #120, and Neurontin 800mg three times daily #90. The Utilization Review with a decision date of 10-13-2015 non-certified the request for retrospective Neurontin 800mg 1 tablet by mouth three times a day #90, retrospective Duragesic Patch 100mcg apply every 2 days #15, and retrospective Norco 10-325mg 1 tablet by mouth four times daily #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Duragesic patch 100mcg, apply every 2 days #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

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

Decision rationale: The requested retro Duragesic patch 100mcg, apply every 2 days #15, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has chronic neck pain and headache. The treating physician noted that the injured worker's pain is brought down to a 6 out of 10 from 8-10 out of 10 with use of the Duragesic patch and Norco. "No significant change" noted for objective findings (08-27-2015). The treating physician has not documented duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, retro Duragesic patch 100mcg, apply every 2 days #15 is not medically necessary.

Retro Norco 10/325mg 1tab po qid #120: Upheld

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

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

Decision rationale: The requested retro Norco 10/325mg 1tab po qid #120 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has chronic neck pain and headache. The treating physician noted that the injured worker's pain is brought down to a 6 out of 10 from 8-10 out of 10 with use of the Duragesic patch and Norco. "No significant change" noted for objective findings (08-27-2015). The treating physician has not documented duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, retro Norco 10/325mg 1tab po qid #120 is not medically necessary.

Retro Neurontin 800mg 1tab po TID #90: 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: The requested retro Neurontin 800mg 1tab po TID #90 is not medically necessary. Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs, Pages 16-18, 21, note that anti-epilepsy drugs are "Recommended for neuropathic pain due to nerve damage", and "Outcome: A 'good' response to the use of AEDs has been defined as a 50% reduction in pain and a 'moderate' response as a 30% reduction." The injured worker has chronic neck pain and headache. The treating physician noted that the injured worker's pain is brought down to a 6 out of 10 from 8-10 out of 10 with use of the Duragesic patch and Norco. "No significant change" noted for objective findings (08-27-2015). The treating physician has not documented the guideline-mandated criteria of percentages of relief to establish the medical necessity for its continued use. The criteria noted above not having been met, retro Neurontin 800mg 1tab po TID #90 is not medically necessary.