MAXIMUS Federal Services

Case Number:	CM15-0022774		
Date Assigned:	02/11/2015	Date of Injury:	10/04/1988
Decision Date:	03/26/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/05/2015

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 70 year old male, who sustained an industrial injury on 10/04/1988. The diagnoses have included cervical spondylosis, failed back syndrome, cervical degenerative disc disease and facet joint syndrome. Treatment to date has included medications, radiofrequency lesioning and activity modification. A request has been made for a spinal cord stimulator. Currently, the IW complains of constant, throbbing neck pain with radiation to his temples, rated as 7/10. He reports a 30% reduction pain with medication. Objective findings included reduced range of motion and tenderness to the cervical spine. Spurling test is positive on the right and left for neck pain only. On 1/28/2015, Utilization Review non-certified a request for Hydrocodone 7.5/325mg #30 and Gabapentin 300mg #30 noting that the clinical findings do not support the medical necessity of the treatment. The MTUS was cited. On 2/05/2015, the injured worker submitted an application for IMR for review of. Hydrocodone 7.5/325mg #30 and Gabapentin 300mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 7.5mg-Acetaminophen 325mg tablet for 30 days #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-GoingManagement, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Hydrocodone 7.5mg-Acetaminophen 325mg tablet for 30 days #60, 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 constant, throbbing neck pain with radiation to his temples, rated as 7/10. He reports a 30% reduction pain with medication. Objective findings included reduced range of motion and tenderness to the cervical spine. Spurling test is positive on the right and left for neck pain only. The treating physician has not documented VAS pain quantification with and without medications, 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, Hydrocodone 7.5mg-Acetaminophen 325mg tablet for 30 days #60 is not medically necessary.

Gabapentine 300mg capsule for 30 days #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy drugs, Pages16-18 Page(s): 16-18.

Decision rationale: The requested Gabapentine 300mg capsule for 30 days #60, is medically necessary. Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs, Pages 16-18, note that anti-epilepsy drugs are "Recommended for neuropathic pain due to nerve damage" and 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 constant, throbbing neck pain with radiation to his temples, rated as 7/10. He reports a 30% reduction pain with medication. Objective findings included reduced range of motion and tenderness to the cervical spine. Spurling test is positive on the right and left for neck pain only. The treating physician has documented the presence of radicular pain and criteria met 30% resolution of symptoms. The criteria noted above having been met, Gabapentine 300mg capsule for 30 days #60 is medically necessary.

Theramine capsule for 30 days#60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Chapter, Medical Food

Decision rationale: Neither the ACOEM Guidelines nor California MTUS addresses nutraceuticals, but per Official Disability Guidelines (ODG), Pain (Chronic) Chapter, Medical Food, medical foods are addressed and the definition "is a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for specific dietary management of a disease or condition for a distinctive nutrition or requirement based on recognized scientific principles or established by medical evaluation. To be considered, the product must at a minimum meet the following criteria: (1) The product must be food for oral or tube feeding. (2) The product must be labeled for dietary management of a specific medical disorder, disease, or condition for a distinctive nutritional requirement. (3) The product must be used under medical supervision. The injured worker has constant, throbbing neck pain with radiation to his temples, rated as 7/10. He reports a 30% reduction pain with medication. Objective findings included reduced range of motion and tenderness to the cervical spine. Spurling test is positive on the right and left for neck pain only. The treating physician has not documented any specific dietary diseases or conditions nor nutritional requirements. requiring nutritional supplements. The treating physician has not provided sufficient evidence-based, peer-reviewed and nationally-recognized medical literature in support of this supplement. The criteria noted above not having been met, Theramine capsule for 30 days#60 is not medically necessary.