

Case Number:	CM15-0025159		
Date Assigned:	02/17/2015	Date of Injury:	01/25/2004
Decision Date:	04/07/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/10/2015

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:

The injured worker is a 51 year old male who sustained an industrial injury on 01/25/04. He reports right sided neck pain at times going to the shoulder and numbness in his legs. Treatments to date include medications. Diagnoses are not listed. In a progress note dated 12/19/14 the treating provider recommends acupuncture and Neurontin. On 01/16/15 Utilization Review non-certified Prilosec, Norco, Neurontin, and acupuncture treatments, citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription of Prilosec: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The patient is a 51 year old male who presents with unrated right sided neck pain which occasionally radiates into the right shoulder. The patient also complains of

intermittent numbness in the bilateral legs. The patient's date of injury is 01/25/04. Patient is status post anterior cervical partial corpectomy and fusion C3 through C5 on 05/02/12. The request is for UNKNOWN PRESCRIPTION OF PRILOSEC. The RFA for this request was not provided. The most recent progress note pertinent to this complaint - dated 12/19/14 - does not include any physical findings, only a discussion of patient's recent tongue carcinoma excision and clinical summary. The patient's current medication regimen was not provided. Diagnostic imaging was not included. Patient is classified as permanent and stationary. MTUS Chronic Pain Medical Treatment Guidelines pg. 69 states "NSAIDs - Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. PPI's are also allowed for prophylactic use along with NSAIDS, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc." In regards to the request for Omeprazole, the treater has not included GI assessment or complaints of GI upset to substantiate such a medication. Progress note dated 12/29/14 does include a complaint of sore throat, though it is unclear whether this is secondary to recent tumor excision or gastrointestinal in origin. There is no discussion or evidence of current GI symptoms or relief owing to prior PPI utilization. Without a clearer picture of this patient's clinical presentation, the requested medication cannot be medically substantiated. Therefore, the request IS NOT medically necessary.

Unknown prescription of Norco: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient is a 51 year old male who presents with unrated right sided neck pain which occasionally radiates into the right shoulder. The patient also complains of intermittent numbness in the bilateral legs. The patient's date of injury is 01/25/04. Patient is status post anterior cervical partial corpectomy and fusion C3 through C5 on 05/02/12. The request is for UNKNOWN PRESCRIPTION OF NORCO. The RFA for this request was not provided. The most recent progress note pertinent to this complaint - dated 12/19/14 - does not include any physical findings, only a discussion of patient's recent tongue carcinoma excision and clinical summary. The patient's current medication regimen was not provided. Diagnostic imaging was not included. Patient is classified as permanent and stationary. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In regards to the request of Norco for the management of this patient's chronic pain, treater has not provided a reason for the request or an amount to be dispensed. Progress notes provided do not include the requesting progress note or RFA. It is unclear if this patient has been prescribed Norco in the past. Furthermore, no initial urine drug screen or discussion of a lack of aberrant behavior is provided. Owing to a lack of 4As documentation, a

reason for the request, and a quantity to be provided, the medical necessity cannot be substantiated. The request IS NOT medically necessary.

Twelve (12) sessions of acupuncture: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines.

Decision rationale: The patient is a 51 year old male who presents with unrated right sided neck pain which occasionally radiates into the right shoulder. The patient also complains of intermittent numbness in the bilateral legs. The patient's date of injury is 01/25/04. Patient is status post anterior cervical partial corpectomy and fusion C3 through C5 on 05/02/12. The request is for 12 SESSIONS OF ACUPUNCTURE. The RFA is dated 01/12/15. The most recent progress note pertinent to this complaint - dated 12/19/14 - does not include any physical findings, only a discussion of patient's recent tongue carcinoma excision and clinical summary. The patient's current medication regimen was not provided. Diagnostic imaging was not included. Patient is classified as permanent and stationary. For acupuncture, the MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, the MTUS Guidelines requires functional improvement as defined by Labor Code 9792.20e a significant improvement in ADLs, or change in work status and and reduced dependence on medical treatments. In regards to the request for 12 acupuncture treatments for the management of this patient's chronic pain, the treater has exceeded guideline recommendations. This patient has no record of previous acupuncture and could benefit from such therapies. However, the treater's request of 12 sessions exceeds MTUS guidelines, which indicate a maximum of 6 treatments during the trial period. Ordinarily 3 to 6 sessions are indicated, with additional sessions being contingent on documented improvement. Therefore, this request IS NOT medically necessary.

Unknown prescription of Neurontin: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin (gabapentin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Gabapentin Page(s): 18-19.

Decision rationale: The patient is a 51 year old male who presents with unrated right sided neck pain which occasionally radiates into the right shoulder. The patient also complains of intermittent numbness in the bilateral legs. The patient's date of injury is 01/25/04. Patient is status post anterior cervical partial corpectomy and fusion C3 through C5 on 05/02/12. The request is for UNKNOWN PRESCRIPTION OF NEURONTIN. The RFA for this request was not provided. The most recent progress note pertinent to this complaint - dated 12/19/14 - does

not include any physical findings, only a discussion of patient's recent tongue carcinoma excision and clinical summary. The patient's current medication regimen was not provided. Diagnostic imaging was not included. Patient is classified as permanent and stationary. MTUS has the following regarding Neurontin -Gabapentin- on pg. 18, 19: "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain."In regards to the request for Neurontin, the treater has not provided adequate documentation to substantiate this medication. Progress notes do not indicate that this patient has received this medication to date. Progress note dated 12/19/14 states: The patient is also getting numbness in the legs. I would like to start the patient on Neurontin and see if that helps calm the nerve down. MTUS supports trial of Gabapentin for neuropathic pain. Given the patient's numbness, trial of this medication appears reasonable. The request IS medically necessary.