

Case Number:	CM15-0039145		
Date Assigned:	03/09/2015	Date of Injury:	09/15/2008
Decision Date:	04/17/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/02/2015

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: Family Practice

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 45-year-old male, who sustained an industrial injury on 09/18/2015. On provider visit dated 02/05/2015 the injured worker has reported low back pain with intermittent flare-up. On examination, he was noted to have increased lumbar lordosis and paravertebral muscle spasm and localized tenderness in lumbar spine area and a decreased range of motion. The diagnoses have included lumbar disc protrusion with large annular fissure, chronic left sided lumbar radiculopathy, lumbar facet syndrome and chronic myofascial pain syndrome. Treatment to date has included medications Morphine ER, Protonix, Neurontin and Relafen, continue with range of motion stretching and strengthening, and spine stabilization home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine ER 15mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78-80, 93, 92, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-82.

Decision rationale: According to guidelines it states opioids should only be continued if there is functional improvement. It also states chronic use of opioids can lead to dependence and addiction. According to the patient's medical records it does not state the patient has functional improvement with Norco usage and thus is not medically necessary.

Protonix 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular effects Page(s): 68.

Decision rationale: Based on guidelines for patients with intermediate risk for GI events a non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200g four times daily) is recommended. According to the medical records there is no documentation that the patient is at increased risk of gastritis or is at intermediate risk and thus is not medically necessary.

Neurontin 600mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antiepilepsy drugs Page(s): 16-17.

Decision rationale: Based on guidelines Gabapentin is recommended for neuropathic pain. There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy. According to the medical records, there is no indication as to why gabapentin is needed and thus not medically necessary.

Relafen 750mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68, 72-73.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) relafen.

Decision rationale: According to guidelines, Relafen is to be used for the shortest period and starting at the lowest dose. It is used for chronic low back pain for short-term symptomatic relief. According to the patient's medical records there is no improvement of pain with the use of Relafen and has been used for prolonged periods of time and thus is not medically necessary.