

Case Number:	CM15-0041563		
Date Assigned:	03/11/2015	Date of Injury:	10/27/2009
Decision Date:	04/16/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/04/2015

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: New Jersey
 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 62 year old female who sustained an industrial injury on 10/27/2009. Diagnoses include persistent lumbago with postsurgical pain, C4-5 and C5-6 cervical disc herniation, left cervical radiculitis, left shoulder sprain/strain with shoulder bursitis, status post anterior lumbar interbody fusion and open reduction of L5-S1 on 01/28/2014. Treatment to date has included medications, chiropractic treatment and massage. A physician progress note dated 01/21/2015 documents the injured worker complains of intermittent severe flare up with back pain and radiculopathy. She continues to rely on her medication to help her with her breakthrough pain. She rates her pain as a 4-5 on the scale of 0-10 on average. Her current medication include gabapentin 300mg three times per day, Prilosec 20mg twice a day and Norco 10/325mg only as needed basis and flurbiprofen/cyclobenzaprine/lidocaine topical, which have been most helpful for the neck and nerve condition. There is diffuse tenderness to palpation over the C5-6 and L5-S1 region, and over the L4-5 and L5-S1 region. There is muscular guarding over the bilateral splenius cervicis muscle and upper trapezius region. Range of motion in the cervical spine is limited. Treatment requested is for gabapentin 300mg #90, Norco 10/325mg, #60, and Prilosec 20mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient documentation that this full review was completed, in particular the reporting of measurable functional gains directly related to Norco use. Therefore, the Norco will be considered medically unnecessary without clear evidence of continued benefit with chronic use.

Gabapentin 300mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-22.

Decision rationale: The MTUS Guidelines state that anti-epilepsy drugs (or anti-convulsants) are recommended as first line therapy for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects is required for continual use. Preconception counseling is advised for women of childbearing years before use, and this must be documented. In the case of this worker, who used gabapentin regularly, there was insufficient documented reporting of functional gains or pain reduction (measurable) directly related to the gabapentin use to show evidence of ongoing benefit. Therefore, until this is presented in the documentation, gabapentin will be considered medically unnecessary.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, there was no evidence to suggest he was using an NSAID regularly or that he had other medical history which might have elevated his risk for a gastrointestinal event to warrant chronic use of Prilosec, which comes with significant side effects. Therefore, the Prilosec will be considered medically unnecessary to continue.