

Case Number:	CM15-0042693		
Date Assigned:	03/12/2015	Date of Injury:	12/13/2004
Decision Date:	04/20/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/06/2015

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: Utah, Arkansas

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 61 year old male, who sustained an industrial injury on 12/13/2004. The injured worker is currently diagnosed as having lumbago, lumbosacral spondylosis without myelopathy, intervertebral disc disorder, and chronic pain syndrome. Treatment to date has included lumbar MRI, physical therapy, epidural steroid injection, and medications. In a progress note dated 02/23/2015, the injured worker presented with complaints of low back pain. The treating physician reported referring the injured worker for massage therapy which has worked in the past and prescribed pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy x 6 visits: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy, Page 60.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Massage Therapy. MTUS guidelines state the following: massage is recommended as an option. This treatment should be an adjunct to other recommended treatment, (e.g. exercise) and it should be limited to 4-6 visits in most cases. There is documentation that states the patient has completed or is involved in physical therapy and chiropractics. The requested amount fits within the guidelines recommendations. According to the clinical documentation provided and current MTUS guidelines; massage therapy, as requested above, is indicated as a medical necessity to the patient at this time.

Gabapentin - Neurontin 600mg #90 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page(s) 16, 49.

Decision rationale: MTUS guidelines were reviewed in regards to this specific case. Clinical documents were reviewed. According to the above-cited guidelines, "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." To determine a good 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." There is no documentation that states the patient has a diagnosis of a radicular pain. According to the clinical documentation provided and current MTUS guidelines, Neurontin is not indicated as a medical necessity to the patient at this time.

Norco - Hydrocodone/APAP 10/325mg (quantity unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, page(s) 75-79.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. There is lack of documentation that the patient has tried and failed non-opioid medications prior to the opioid medications. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. According to the clinical documents, it is unclear that the medications are from a single practitioner or a single pharmacy. Documentation of analgesia is unclear. Documentation for activities of daily living, adverse side

effects, and aberrant drug usage is unclear at this time. According to the clinical documentation provided and current MTUS guidelines; Norco is not indicated a medical necessity to the patient at this time.