

Case Number:	CM15-0051250		
Date Assigned:	04/14/2015	Date of Injury:	09/08/2000
Decision Date:	05/06/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/18/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 with an industrial injury dated September 8, 2000. The injured worker diagnoses include sacroiliac pain, degenerative disc disease, myofascial pain, lumbar degenerative disc disease, sciatica, low back pain, arthritis of the back, and shoulder pain. He has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 2/25/2015, the injured worker reported chronic pain. Objective findings revealed tenderness in the lumbar spine. The treating physician prescribed Naproxen, Neurontin, and Norco, which are now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg #180 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Anti-epilepsy medications like Neurontin (Gabapentin) are recommended for neuropathic pain; in this case, the patient has been responding to Neurontin and request for continued use is appropriate. Utilization Review has modified the request to include a 3 month supply rather than a 6 month supply which is reasonable to allow for follow up and continued evaluation for efficacy and objective functional improvement. Therefore the request for Neurontin as initially written (6 month supply) cannot be considered medically necessary based on the provided records.

Norco 10/325mg #60 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of multiple medical problems in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly has a multitude of medical issues warranting close monitoring and treatment, to include close follow up regarding improvement in pain/function; follow ups appear to be occurring at a reasonable frequency of about 3 months. Consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. The provided documents indicate that a previous request for Norco was reasonably modified to allow for weaning, and the current request was subsequently denied by utilization review. Consideration of other pain treatment modalities and adjuvants is also recommended. In light of the chronic nature of this case, and the prior recommendations to wean from opioids as other medications (Neurontin and Naproxen) are providing clinically significant improvement, the request for Norco is not considered medically necessary.

Naproxen 500mg #180 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

Decision rationale: The MTUS recommend NSAIDs as a treatment option for short-term symptomatic relief. Besides the well-documented side effects of NSAIDs (to include gastrointestinal complications, cardiovascular risks, etc.), there are other less well known effects of NSAIDs that must be considered, including possible delayed healing in the soft tissues, including muscles, ligaments, tendons, and cartilage. Given the chronicity of pain in this worker

and improvement with use of Naproxen, the decision by utilization review to modify the request is reasonable to allow for follow up and re-evaluation for functional improvement and ensuring that side-effects/risks are minimized with continued use. Therefore the quantity of medication initially requested cannot be deemed medically necessary.