

Case Number:	CM15-0052399		
Date Assigned:	03/25/2015	Date of Injury:	03/21/2012
Decision Date:	05/01/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/19/2015

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: Arizona, 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 38 year old male, who sustained an industrial injury on March 21, 2012. The injured fell approximately 25 feet. The injured worker was diagnosed as having traumatic brain injury, depression, cognitive deficit, temporomandibular disorder and thoracic fracture. Treatment and diagnostic studies to date have included medication, physical therapy, speech therapy, x-rays, CAT scan and magnetic resonance imaging (MRI). A progress note dated February 19, 2015 is hand written but provides the injured worker complains of back and leg pain rated 8/10 without medication and 3/10 with medication. Physical exam notes the injured worker ambulates with a limp and cane. It is noted the injured worker was seen by an ear, nose and throat specialist who determined hearing is intact. The plan includes oral medications and follow up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on a combination of Oxycontin and Norco for several months. Actual length of use if unknown. There was no indication of attempt to wean or failure of NSAID or tylenol use. The continued use of Oxycontin is not justified despite good pain response to a combination of multiple medications and is not medically necessary.

Norco 10/325 #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on a combination of Oxycontin and Norco for several months. Actual length of use if unknown. There was no indication of attempt to wean or failure of NSAID or tylenol use. The continued use of Norco is not justified despite good pain response to a combination of multiple medications and is not medically necessary.

Gralise 900mg #30 x 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

Decision rationale: According to the MTUS guidelines: Gabapentin (Gralise) 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. Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does not have the stated conditions approved for Gralise use. Furthermore, the request for 3 months additional refills without knowledge of future response to medication is not substantiated. Gralise is not medically necessary.