

Case Number:	CM13-0047236		
Date Assigned:	12/27/2013	Date of Injury:	10/22/1998
Decision Date:	03/07/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, and has a subspecialty in Pulmonary Disease and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 49-year-old male who reported injury on 10/22/1998. The mechanism of injury was not provided. The patient was noted to be following up for a pain medicine visit and medications. The patient had complaints of pain as a 5/10 intensity with medications and 10/10 without medications. The patient indicated that they had activities of daily living limitations in activity, ambulation, sleep, and sex. The patient was noted to indicate that the opiates had an analgesic effect that allowed the patient to increase/maintain activities of daily living and function. The medication was noted to be well-tolerated without adverse drug side effects. The patient was noted to be compliant with medication use and had a signed pain contract on file; and the patient was noted to periodically undergo urine drug testing, and CURES reported. There was documentation that the patient did not have aberrant drug-taking behavior. The diagnoses were noted to include lumbar radiculitis, lumbar disc degeneration, chronic pain and status post lumbar spine fusion. The patient was in the office for medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Ambien 10mg: Upheld

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

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

Decision rationale: Official Disability Guidelines indicate that Ambien is appropriate for short-term treatment of insomnia, generally 2 to 6 weeks. There was a lack of documentation of the objective benefit of the requested medication. There was a lack of documentation of signs and/or symptoms of insomnia. As such, the request for 30 Ambien, 10 mg is not medically necessary.

120 Neurontin 600mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 16.

Decision rationale: California MTUS Guidelines indicate that Neurontin is recommended for first-line treatment of neuropathic pain. It is further indicated there should be documentation of objective functional improvement and a decrease in the VAS score. Clinical documentation submitted for review failed to provide documentation of objective functional improvement and an objective decrease in the VAS score. The patient indicated that they had activities of daily living limitations in activity, ambulation, sleep, and sex. It was indicated that the patient's medications allowed the patient to increase/maintain activities of daily living and function. However, as the medications were noted to be multiple, the efficacy of the requested medication could not be determined. Additionally, there was a lack of documentation indicating the patient's pain was neuropathic in nature. Given the above, the request for 120 Neurontin 600 mg is not medically necessary.

90 Morphine Sulfate ER 30mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, On-Going Management Page(s): 60, 78.

Decision rationale: California MTUS Guidelines indicate that medications for chronic pain include opiates. There should be documentation of a decrease in the objective VAS score, documentation of objective functional improvement, adverse side effects, and aberrant drug behavior. The patient had complaints of pain as a 5/10 intensity with medications and 10/10 without medications. The patient was noted to indicate that the opiates had an analgesic effect that allowed the patient to increase/maintain activities of daily living and function. The medication was noted to be well-tolerated without adverse drug side effects. The patient was noted to be compliant with medication use and had a signed pain contract on file; and the patient was noted to periodically undergo urine drug testing, and CURES reported. There was documentation that the patient did not have aberrant drug-taking behavior. However, there was lack of documentation of objective functional improvement with the medication. As the patient was noted to be taking multiple medications, the efficacy of the requested medication could not be determined. Given the above, the request for 90 morphine sulfate ER 30 mg is not medically necessary.

150 MSIR 30mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, On-Going Management Page(s): 60, 78.

Decision rationale: California MTUS Guidelines indicate that medications for chronic pain include opiates. There should be documentation of a decrease in the objective VAS score, documentation of objective functional improvement, adverse side effects, and aberrant drug behavior. The patient had complaints of pain as a 5/10 intensity with medications and 10/10 without medications. The patient was noted to indicate that the opiates had an analgesic effect that allowed the patient to increase/maintain activities of daily living and function. The medication was noted to be well-tolerated without adverse drug side effects. The patient was noted to be compliant with medication use and had a signed pain contract on file; and the patient was noted to periodically undergo urine drug testing, and CURES reported. There was documentation that the patient did not have aberrant drug-taking behavior. However, there was lack of documentation of objective functional improvement with the medication. As the patient was noted to be taking multiple medications, the efficacy of the requested medication could not be determined. Given the above, the request for 15 MSIR 30 mg is not medically necessary.