

Case Number:	CM14-0110356		
Date Assigned:	08/01/2014	Date of Injury:	06/08/2010
Decision Date:	09/30/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/15/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Medicine, 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 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/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 injured worker is a 59-year-old male who reported an injury on 06/08/2010. The mechanism of injury was not provided within the medical records. The clinical note dated 04/28/2014 indicated diagnoses of right foot second to third degree burn and element of stress, tension, and insomnia, as well as depression. The injured worker reported persistent right foot pain. The injured worker reported he was still having pain in the big toe on the right along the joint as well as going into the toe. The injured worker reported numbness and tingling in the toe and reported he was able to stand and walk intermittently for 20 to 30 minutes at a time. The injured worker reported he was able to do chores around the home as tolerated. On physical examination, the injured worker had decreased sensation; however, the injured worker had full dorsiflexion and plantar flexion. The injured worker also had tenderness along the great toe with mild swelling present. The injured worker's treatment plan included follow-up evaluation. It was not indicated the injured worker had been prescribed Norco. In addition, if the injured worker has been prescribed Norco, there is a lack of documentation of efficacy and functional improvement with the use of Norco. Moreover, the provider did not indicate a rationale for the request. Additionally, there is a lack of documentation of a quantified pain assessment done by the injured worker. Furthermore, the request does not indicate a frequency. Therefore, the request for Norco is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91, 78.

Decision rationale: The request for Norco 5/325 mg #120 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use, behaviors, and side effects. Furthermore, the request does not indicate a frequency for the medication.

Norco 5/325 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91, 78.

Decision rationale: The request for Norco 5/325 #120 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use, behaviors, and side effects. Furthermore, the request does not indicate a frequency for the medication.

Gabapentin 600 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 19-49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 18.

Decision rationale: The request for Gabapentin 600 mg #90 is not medically necessary. The California MTUS guidelines recognize gabapentin/Neurontin 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. It was not indicated if the injured worker was utilizing gabapentin. In addition, if the injured worker was, there was a lack of documentation of efficacy and functional improvement with the use of gabapentin. Furthermore, the request does not

indicate a frequency. Therefore, the request for Gabapentin 600 mg #90 is not medically necessary.

Naproxen 500 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22.

Decision rationale: The request for Naproxen 500 mg #60 is not medically necessary. The CA MTUS guidelines recognize Anti-Inflammatories as the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. There is a lack of documentation of efficacy and functional improvement with the use of this medication. In addition, the documentation submitted did not indicate a quantified pain assessment by the injured worker. Furthermore, the request does not indicate a frequency. Therefore, the request for Naproxen 500 mg #60 is not medically necessary.