

Case Number:	CM14-0139638		
Date Assigned:	09/05/2014	Date of Injury:	02/14/1998
Decision Date:	10/10/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/28/2014

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 is licensed to practice in Texas and Ohio. 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 50-year-old male who reported an injury on 02/14/1998. The mechanism of injury was not provided. The surgical history included a left anterior cervical fusion. The injured worker underwent an MRI of the lumbar spine without contrast on 09/27/2013. The medications included gabapentin and Norco as of late 2013. The injured worker was noted to undergo urine drug screens. The documentation of 01/14/2014 revealed the injured worker had complaints of neck and low back pain. The injured worker's pain in the low back was more painful. The physical examination of the cervical spine revealed tenderness over the paraspinal musculature of the cervical region. There was mid line tenderness. There muscle spasm on the left of the cervical spine and there was spasm on range of motion. The injured worker had mid line tenderness in the lumbar spine and muscle spasm on the left of the lumbar spine and spasm on range of motion. The injured worker had decreased range of motion of the lumbar spine. The injured worker had decreased sensation of L5-S1 dermatomes. The straight leg raise was positive in both the seated and supine positions bilaterally. The diagnoses included status post left anterior cervical fusion 08/30/2003, cervical osteophytes, obstructive dysphagia secondary to anterior hardware, cervical hardware pain, mildly protruding, significant postoperative cervical pathology, lumbar discopathy, and L5-S1 neural foraminal stenosis. The treatment plan included gabapentin and Norco and a possible selective nerve root block on the left side. Additionally, the treatment plan included an EMG/NCV of the bilateral lower extremities. There was no Request for Authorization or physician note requesting the interventions.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Consultation with ENT specialist for possible barium swallow study: 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 Introduction Page(s): 1.

Decision rationale: The California MTUS Guidelines recommend if the injured worker has a complaint that persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. There was no Request for Authorization submitted for review. Additionally, there was a lack of physician documented rationale for an ENT specialist and a possible barium swallow study. The date of original request could not be established, as there was a lack of note requesting the service. Given the above, the request for 1 Consultation with ENT specialist for possible barium swallow study.

1 prescription for Norco 10/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009); Norco

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The duration was since at least late 2013. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior. However, there was a lack of documentation of objective functional improvement, an objective decrease in pain, and documentation of possible side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 1 prescription for Norco 10/325mg #30 is not medically necessary.

1 prescription for Gabapentin 600mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009)

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

Decision rationale: The California MTUS Guidelines recommend anti epilepsy medications as a first line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50% and objective functional improvement. The

clinical documentation submitted for review indicated the injured worker had utilized the medication since at least late 09/2013. There was a lack of documentation of the above criteria. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 1 prescription for Gabapentin 600mg #60 is not medically necessary.