

<b>Case Number:</b>	CM14-0142879		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	09/18/2013
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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 48 year old male who was injured on September 18, 2013 to his head and nape. The mechanism of injury is noted as blowing leaves by a hand blower at semistopped level position when stood up and hit his head on a metal bar, impact was sp forceful that it jammed his neck down. Associated symptoms include bruising, numbness over both upper extremities the way to the fingers both hands, with swelling and one time vomiting at morning eighteen hours after the injury. The diagnoses listed as post-concussion syndrome (310.2). The most recent progress note dated 8/22/14, reveals complaints of bilateral neck pain, which is consistent but variable in intensity. Pain level is reported a 4 to 5 out of 10 on visual analog scale (VAS), and at worst is reported a 9 out of 10. Minimal activity can cause a lot of pain, aggravating factors are neck rotation to both sides and pain with overhead activity; with alleviating factors are medications and rest was documented. Complaints of headaches, extreme dizziness, memory issues, sleep difficulty, and vision difficulty. The injured worker reported that if he turned his head long enough or quick enough he would pass out from dizziness, vision difficulty, and pain. Prior treatment includes medications and physical therapy which helps to provide pain. A prior utilization review determination dated 8/29/14, resulted in denial of Vicodin 5/300 milligrams quantity thirty with one refill, Paxil 10 milligrams quantity sixty with one refill, Gabapentin 300 milligrams quantity sixty with one refill, Naproxen 500 milligrams quantity sixty with one refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 5/300mg #30 with 1 refill: Upheld**

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

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

**Decision rationale:** The claimant has been prescribed opioids for chronic neck and low back pain. The cervical pain is from the alleged industrial injury of 9/18/13. There are no documentation of the efficacy and it is confusing as to whether the pain syndrome is the conglomeration of the previous lumbar fusion of 1997 and the recent injury. The 4 A's are not addressed exclusive to the cervical pain. Furthermore there are no Urine drug screens available for review, as recommended by CA MTUS to document compliance and to detect illicit or non-prescribed drugs. Therefore the request for Vicodin is not medically necessary.

**Paxil 10mg #60 with 1 refill:** 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, Antidepressants

**Decision rationale:** The office note of July 13, 2014 by [REDACTED] fails to mention any signs of depressions. ODG holds that antidepressants are employed when there are severe signs and symptoms of depression amenable to pharmacologic manipulation. There is no documentation of relief of anhedonia or depressive mood to continue Paxil. Therefore the request for Paxil is not medically necessary.

**Gabapentin 300mg #60 with 1 refill:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin, Page(s): 49.

**Decision rationale:** This is a claimant with chronic neck and low back pain. The claimant has had previous lumbar fusion unrelated to the alleged work injury of 9/18/13. [REDACTED] note of 7/31/14 clearly states that the claimant has been chronically prescribed Gabapentin since the lumbar fusion surgery in 1997. Therefore the Gabapentin is NOT to treat the chronic neck pain but the persistent chronic low back pain following lumbar surgery of 1997. Therefore it is medically necessary.

**Naproxen 500mg #60 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Page(s): 64-73.

**Decision rationale:** While NSAIDs may be useful in the maintenance of chronic arthritic conditions, however given the claimant's hypertension chronic daily use is not wise. ■■■■■  
■■■■■ 7/31/14 visit documents a borderline hypertension at 140/90. Furthermore is no documentation that ibuprofen is of any benefit and needed chronically on a daily basis as requested. Therefore the request for ibuprofen 450 tablets is not medically necessary.