

Case Number:	CM14-0151081		
Date Assigned:	09/19/2014	Date of Injury:	06/21/2002
Decision Date:	10/20/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/16/2014

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 Occupational 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:

This is a 68-year-old male with a 6/21/02 date of injury. He injured his neck and shoulders after being pushed by a hostile co-worker. According to a progress report dated 9/2/14, the patient complained of worsening and severe neck pain radiating to the left arm and left ankle. He reported his pain without medications at a 9 and with medications at a 5. Objective findings: cervical spine - frozen, limited range of motion of left shoulder with pain, no other abnormal findings. Diagnostic impression: pain in joint involving shoulder region, ankylosing spondylitis, cervical degenerative disc disease, cervical radiculopathy, myalgia and myositis, disorders of bursae and tendons in shoulder region, chronic pain syndrome. Treatment to date: medication management, activity modification, Cortisone injections, trigger point injections, physical therapy, home exercise program. A UR decision dated 9/11/14 denied the requests for Neurontin and Ibuprofen and modified the request for office visits monthly 12 to 3. Regarding Neurontin, the PA reported that Neurontin efficacy was uncertain and initiated a taper and discontinuation to see if it had any effect on the patient's pain and sleep. There was no documentation of worsening of neuropathic pain or of sleep without the Neurontin. Regarding Ibuprofen, a request for a 5 month supply, Ibuprofen 800mg #90 refill x4 was approved on 8/13/14. It is premature to request additional amounts of this medication. Regarding office visits monthly, it cannot be predicted that the patient will require monthly visits for the next year and authorizations are only valid for 90 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg, QTY: 90, with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ant epilepsy Drugs (AEDS) Page(s): 16, 17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 16-18, 49. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Neurontin)

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The UR decision dated 9/11/14 denied the request for Neurontin because it was noted in an 8/1/14 report that the Neurontin efficacy was uncertain. The provider recommended a taper and then discontinuation to see what effect, if any, this taper had on pain and sleep. However, according to the 9/2/14, Neurontin was re-initiated. The patient complained of neck pain that radiated to his left arm and left ankle. In addition, the patient has a diagnosis of cervical radiculopathy. Guidelines support the use of Neurontin for neuropathic pain. However, this is a request for a 5-month supply of medication. According to the notes provided for review, the patient is seen monthly. There was no rationale provided as to why the patient requires a 5-month supply of medication at this time. Therefore, the request for Neurontin 300 mg, QTY: 90, with 4 refills is not medically necessary.

Ibuprofen 800mg, QTY: 90, with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67, 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): page 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDS

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. It is noted that the patient has pain reduction and functional improvement with the use of his medications. However, according to the UR decision dated 9/11/14, a 5-month supply of Ibuprofen was certified on 8/13/14. It is unclear why the provider is requesting an additional 5-month supply at this time. Therefore, the request for Ibuprofen 800mg, QTY: 90, with 4 refills is not medically necessary.

Office visits monthly, QTY: 12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 - Office Visits

Decision rationale: ODG states that evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. Guidelines support regular office visits to evaluate a patient's condition and plan of care. However, this is a request for monthly office visits for a year. A specific rationale as to why the patient requires a year's worth of office visits certified at this time was not provided. Therefore, the request for Office visits monthly, QTY: 12 was not medically necessary.