

Case Number:	CM14-0173254		
Date Assigned:	10/24/2014	Date of Injury:	07/06/2000
Decision Date:	12/04/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/20/2014

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 Emergency Medicine, 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 38-year-old male who reported an injury on 07/06/2000 due to an unknown mechanism. Diagnoses were chronic low back pain, lumbar sprain/strain, lumbar degenerative disc disease, myofascial pain, lumbar radiculopathy, chronic headaches secondary to concussion, sacroilitis, right wrist tendonitis, and cervical radiculopathy. Past treatments have included medications and home exercises. The injured worker had an MRI of the cervical spine on 08/08/2012 that revealed mild central disc protrusion at the C4-5 with no spinal cord or nerve root compression identified. An EMG and nerve conduction study of the right upper extremity on 01/20/2010 revealed bilateral median sensory neuropathy at rest and mild right C8 level radiculopathy. The examination dated 08/16/2014, noted the injured worker complained of persistent neck pain, headache, and low back pain. The injured worker also had difficulty sleeping due to pain. On examination, spasm and stiffness was noted in the cervical and lumbar muscles, and dyesthesia were noted to light touch in the right C6 and C5 dermatome. The treatment plan included a request for Norco 5/325 mg by mouth every 12 hours as needed #60 to treat breakthrough pain. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75,78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the "4 A's" including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. The "4 A's" for ongoing management of an opioid medication were not reported. Also, there was no objective functional improvement from the use of this medication reported. There is a lack of documentation of an objective assessment of the injured worker's pain level, functional status or evaluation of risk for aberrant drug abuse behavior. Due to the lack of documentation that was submitted for this review, the request for Norco 5/325 mg by mouth every 12 hours as needed #60 is not supported. As such, the request is not medically necessary.

Gabapentin 300mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin, Antiepilepsy Page(s): 16,17.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that gabapentin is 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. The guidelines state a good response to the use of AEDs has been defined as a 50% reduction in pain in a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the trigger for either a switch to a different first line agent should be considered or combination therapy if treatment with a single drug agent fails. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The efficacy of this medication was not reported. There is a lack of documentation of functional improvement from the use of this medication. There were no reports of pain relief. There is a lack of documentation of an objective assessment of the injured worker's pain level and functional status. Due to the lack of documentation that was submitted for this review, the request for gabapentin 300 mg by mouth at bedtime #30 is not supported. As such, the request is not medically necessary.

Nortriptyline 25mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain and they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment in the changes and the use of other analgesic medications, sleep quality and duration and psychological assessments. There was no assessment provided showing an objective decrease in pain or improvement in sleep quality and/or duration. The injured worker's insomnia was not reported to be accompanied by anxiety or depression. Also, there was no documentation of an objective decrease in pain with the use of this medication. There were no other significant factors provided to justify the continued use of this medication. Due to the lack of documentation that was submitted for this review, the request for Nortriptyline 25 mg by mouth at bedtime #30 is not supported. As such, this request is not medically necessary.