MAXIMUS Federal Services

Case Number:	CM14-0175024		
Date Assigned:	10/28/2014	Date of Injury:	09/29/2005
Decision Date:	12/04/2014	UR Denial Date:	10/11/2014
Priority:	Standard	Application Received:	10/23/2014

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 Preventive Medicine, has a subspecialty in Occupational 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 50 year old female who was injured at work on 9/29/2005.The injured worker is reported to be complaining of continuing neck pain, an increase in bilateral arm pain of 6/10, and paresthesia. The physical examination revealed limited range of motion of the cervical spine, antalgic gait, mild crepitus, and tenderness in her trapezius, left shoulder, and decreased sensation in the left upper limb, and radicular pain. The worker has been diagnosed of internal derangement of the knees, cervical disc disorder, postsurgical arthrodesis status and progression of paresthesia with her left greater than the right. Treatments have included Norco and Neurontin. At dispute are the requests Norco 10/325mg, QTY: 80 and Neurontin 300mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, quantity: 80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

Decision rationale: The injured worker sustained a work related injury on 9/29/2005.The medical records provided indicate the diagnosis of internal derangement of the knees, cervical

disc disorder, postsurgical arthrodesis status and progression of paresthesia with her left greater than the right. Treatments have included Norco and Neurontin.The medical records provided for review do not indicate a medical necessity for Norco 10/325mg, quantity: 80. The MTUS does not recommend the use of opioids for chronic pain beyond 70 days. Also, the MTUS recommends continuing the use of opioids: (A) if the patient has returned to work (B) if the patient has improved functioning and pain. However, the records indicate the injured worker has been using this medication since 07/2013 and has not made substantial improvement. The requested treatment is not medically necessary.

Neurontin 300mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ant epilepsy drugs (AEDs) Page(s): 16.

Decision rationale: The injured worker sustained a work related injury on 9/29/2005.The medical records provided indicate the diagnosis of internal derangement of the knees, cervical disc disorder, postsurgical arthrodesis status and progression of paresthesia with her left greater than the right. Treatments have included Norco and Neurontin.The medical records provided for review do not indicate a medical necessity for Neurontin. Although the MTUS recommends against continuing treatment with Antiepileptic (Anticonvulsants) for chronic pain except if the patient has achieved at least 30% improvement in pain, the records indicate the injured worker has been using this medication for more than six months without a documented evidence of substantial improvement in pain and function; therefore, the requested treatment is not medically necessary and appropriate.