

Case Number:	CM14-0022104		
Date Assigned:	05/09/2014	Date of Injury:	06/18/1998
Decision Date:	08/18/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/21/2014

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 and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in California and Washington. 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 64-year-old female who reported an injury on 06/18/1998. The mechanism of injury was not provided within the submitted medical records. Within the progress note dated 01/29/2014, the injured worker reported a marked increase in right sided neck and shoulder arm pain. The injured worker additionally reported daily headaches with left leg radiculopathy. She further reported that she could no longer tolerate her medications, but cannot tolerate a higher dose due to side effects and is physically limited due to pain. Physical exam revealed that the injured worker was alert and oriented with paralumbar and cervical myospasms noted. The physical exam further stated that the injured worker was ambulating with a cane and an antalgic gait. The injured worker's diagnoses included cervical disc displacement with myelopathy, neuralgia, neuritis with radiculitis, lumbar disc degeneration, and hip pain. The treatment plan included prescribing Tramadol 60 mg IM, Nucynta, Mobic, Neurontin, Pristiq, a home exercise program, and a referral to discuss possible surgery and therapy in the future. The request for authorization was not provided within the submitted medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF MOBIC: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MOBIC (R) (MELOXICAM).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-69.

Decision rationale: The request for a prescription of Mobic is not medically necessary. The California MTUS Guidelines state NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Moreover, the guidelines state there is no evidence to recommend one drug in this class over another based on efficacy and the main concern of selection is based on adverse effects. The injured worker reported a reduction in utilization of the medication due to side effects and was unable to take higher doses. Additionally, the documentation did not show any functional gains objectively that was able to show an increase in functional status and the request does not specify the dosage and frequency. Given the patient's report of increased side effects, no documentation of an increase in functional gains, no dosage and frequency, the request is unable to be supported by the guidelines. As such, the request for a prescription of Mobic is not medically necessary.

PRESCRIPTION OF NEURONTIN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NEURONTIN (R) (GABAPENTIN); ANTI-EPILEPSY DRUGS (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18.

Decision rationale: The request for prescription of Neurontin is not medically necessary. California MTUS Guidelines recommend Neurontin has been 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. However, within the submitted documentation, there is a lack of substantial pain reports that would show the efficacy of the drug. Lastly, the request does not specify the dosage and frequency. Without documentation to show that the medication has been working and the intended dosage and frequency, it is unsupported by the guidelines. As such, the request is not medically necessary.

PRESCRIPTION OF NUCYNTA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The request for a prescription of Nucynta is not medically necessary. Nucynta is an opioid analgesic indicated for the management of moderate to severe acute pain in adults. The CA MTUS guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects,

physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. There is a lack of documentation that the injured worker has had urine drug screens to validate proper medication adherence in the submitted paperwork. In addition, within the clinical notes, the injured worker has reported unquantified pain ratings and there were no pain assessments to indicate pain ratings with or without medication. Lastly, the injured worker did not show any objective signs of functional improvement while on the medication and the request does not specify the dosage and frequency. Therefore, the request for a prescription of Nucynta is not medically necessary.