

Case Number:	CM14-0095277		
Date Assigned:	07/25/2014	Date of Injury:	01/15/2007
Decision Date:	09/22/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/23/2014

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 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:

The patient is a 54-year-old male who has submitted a claim for 1) lumbago, 2) displacement of lumbar intervertebral disc without myelopathy and 3) thoracic or lumbosacral neuritis or radiculitis, unspecified associated with an industrial injury date of January 15, 2007. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of daily low back pain rated 6/10 and was improved by medications and worsened by activity or movement. On examination of the lumbar spine, the patient was found to have a loss of normal lordosis with straightening of the lumbar spine. Range of motion was restricted. Paravertebral muscles were normal. No spinal tenderness was noted. Straight leg raise test was negative. The lower extremity neurologic examination as essentially normal except for the strength of tibialis anterior noted to be 4/5 on the left. Treatment to date has included Norco. A progress report made after the request was made, dated June 2, 2014, indicated that the patient had increased activity and functionality on opiate therapy. Allegedly, there had been no issues with misuse or diversion of the medication. The side effects accordingly were minimal and controllable. Utilization review from June 9, 2014 denied the request for Norco 10/325, QTY: 240.00, Docusate QTY: 120 and Neurontin 600mg, QTY: 180. The request for Norco was denied because there was no indication from the available documentation/information of significant or severe positive objective findings that would account for a pain condition requiring the ongoing use of opioid treatment. The request for Neurontin was denied because there was no documentation of any particular objective neuropathic condition occurring involving a postherpetic neuralgia or diabetic neuropathy to support the need for Neurontin. The request for Docusate was denied because the request for Norco was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco10/325, QTY: 240.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78-81.

Decision rationale: According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the patient had been taking Norco 10/325 mg for pain since at least June 14, 2013. Although the progress reports note that the patient had a reduction in pain, and improvement of functional status, appropriate medication use, absence of side effects and regular monitoring, there is no indication of an effort to use the lowest possible dose of Norco. The patient's subjective and objective findings in terms of this pain on October and December 2013 are the same; it is unclear why the frequency of Norco intake was increased from bid to qid. These findings from these two progress notes are, in fact, the same as with those findings in the Feb 2014 progress notes, two months after the dose was doubled. The progress note dated June 9, 2014 mentioned that there was no intention to taper the medication. Furthermore, although the progress notes indicate that the patient undergoes yearly LFTs and random urine toxicology screens, these documents are not provided in the given medical records. The medical necessity for continued use is not established because the guideline criteria are not met. Therefore, the request for Norco 10/325 mg, qty: 240 is not medically necessary.

Neurontin 600mg, QTY: 180: Upheld

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

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

Decision rationale: According to pages 16-17 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin has been shown to be effective for the treatment of diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. 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. In this case, patient manifested neuropathic pain and was prescribed Gabapentin since at least June 2013. Although the most recent progress report cited decreased in pain with the use of medications, it was not clear if these medications refer to Neurontin. There had been no careful documentation of the pain relief and improvement in function attributable to Neurontin. The side effects were

also inadequately explored. The medical necessity was not established. Therefore, the request for Neurontin 600mg, qty: 180 is not medically necessary.

Docusate QTY: 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Opioids, Initiating Therapy Page(s): 77.

Decision rationale: Page 77 of CA MTUS Chronic Pain Medical Treatment Guidelines states that with opioid therapy, prophylactic treatment of constipation should be initiated. Docusate is a stool softener. In this case, patient has been on Norco since at least June 2013 necessitating the use of docusate. This recent request for Norco, however, was not certified. Furthermore, the recent progress notes indicate that the patient did not have constipation. The patient does not need prophylactic treatment nor does he have constipation at the time of request. Therefore, the request for Docusate qty: 120 is not medically necessary.