

Case Number:	CM14-0098959		
Date Assigned:	07/28/2014	Date of Injury:	08/24/1978
Decision Date:	09/16/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/27/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 69-year-old male who reported an injury on 08/24/1978. He reportedly fell off a forklift onto a loading dock and the forklift then fell on him. On 05/07/2014 the injured worker presented with low back pain that radiates to the left lower extremity with numbness and tingling, and the injured worker also noted weakness. Current medications included Metaxalone, Gabapentin, BioFreeze, Benazepril, Pravastatin, Tamsulosin, Aspirin and Silver centrum. Upon examination there was a positive left side straight leg raise and +4/5 strength in the bilateral lower extremities. There was decreased sensation in the entire left lower extremity, and the injured worker ambulated with a cane, wearing a lumbar support. There was tenderness to palpation at the L4-5 and L5-S1 area on the left side. The diagnoses were low back pain and lumbar radiculopathy. The provider requested Norco and Neurontin, the provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5-325mg #120; 2 refills: Upheld

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

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

Decision rationale: The MTUS guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. The efficacy of the prior use of the medication was not provided. Additionally, the provider does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

Neurontin 300mg #60; 2 refills: 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): 16-22.

Decision rationale: The MTUS guidelines state Neurontin has been shown to be effective for diabetic painful neuropathy and postherpetic neuralgia, and has been considered a first line treatment for neuropathic pain. After initiation of treatment there should be a documentation of pain relief and improvement in function, as well as documented side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. The provider's rationale was not provided. The medical documents did not indicate if Neurontin is a new or continuing medication, and the efficacy of the medication has not been provided. Additionally, complete and adequate pain assessment of the injured worker was not provided. Also, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

Urine drug screen: 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 Urine Drug Test Page(s): 43.

Decision rationale: The MTUS guidelines recommend a urine drug test as an option to assess for the use or presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioids, for ongoing management, and is a screening for risk of misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug seeking behaviors, or whether the injured worker was suspected of illegal drug use. It is unclear when the last urine drug screen was performed. As such, the request is not medically necessary.

