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| Case Number: | CM14-0107235 | | |
| Date Assigned: | 08/01/2014 | Date of Injury: | 04/13/2010 |
| Decision Date: | 06/30/2015 | UR Denial Date: | 06/30/2014 |
| Priority: | Standard | Application Received: | 07/10/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 46-year-old male, who sustained an industrial injury on 04/13/2010. He reported injuring his neck, back, and right wrist while working as a driver. The injured worker is currently permanent and stationary. The injured worker is currently diagnosed as having status post lumbar fusion, chronic low back pain, lumbar discogenic disease with mild herniated nucleus pulposus at L3-4, cervical discogenic disease, chronic cervical spine sprain/strain, cervical radiculitis, right wrist internal derangement, possible abdominal hernia, and large thoracic disc herniation. Treatment and diagnostics to date has included lumbar spine MRI which showed discectomy with interbody fusion and anterior fusion, facet arthropathy, thoracic spine MRI which showed disc protrusion and degenerative disc disease, and disc protrusion, Transcutaneous Electrical Nerve Stimulation Unit which helps, home exercise program, lumbar surgery, and medications. In a progress note dated 04/15/2015, the injured worker presented with complaints of chronic low back pain, increased cervical neck pain, and right wrist pain with hand numbness. Objective findings include painful and limited range of motion of the lumbar and cervical spine with spasm, decreased sensation bilaterally at L4 level, thoracic spine tenderness, and right wrist with painful and decreased range of motion. The treating physician reported requesting authorization for Norco, Neurontin, and computerized tomography scan of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. Therefore, the record is not medically necessary of ongoing opioid therapy with Norco.

Neurontin 600mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 18-19.

Decision rationale: CA MTUS guidelines state that gabapentin is effective for treatment for diabetic painful neuropathy and post-herpetic neuralgia. It is considered a first line intervention for neuropathic pain. There is limited evidence to show that gabapentin is effective for post-operative pain where good evidence shows that it reduces need for narcotic pain control. In this case, the gabapentin is prescribed for chronic pain with no evidence or documentation of improved pain with its use. There is no indication for ongoing use as there has been no clinical improvement noted. Gabapentin (Neurontin) is not medically necessary.

1 CT scan of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 59. Decision based on Non-MTUS Citation Official Disability Guidelines, low back, lumbar and thoracic (acute and chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, CT.

Decision rationale: CA MTUS is silent on the use of computed tomography of the low back. ODG states that CT of low back is not indicated except in the following specified situations: Thoracic spine trauma: equivocal or positive plain films, no neurological deficit. Thoracic spine trauma: with neurological deficit. Lumbar spine trauma: trauma, neurological deficit. Lumbar spine trauma: seat belt (chance) fracture. Myelopathy (neurological deficit related to the spinal cord), traumatic.- Myelopathy, infectious disease patient. Evaluate pars defect not identified on plain x-rays. Evaluate successful fusion if plain x-rays do not confirm fusion. In this case, the medical records indicate that the claimant has a well-healed fusion and has no trauma, myelopathy or concern for pars defect. CT of spine is not medically necessary.