

Case Number:	CM14-0218116		
Date Assigned:	01/07/2015	Date of Injury:	05/08/2005
Decision Date:	03/03/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/29/2014

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: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 XX year old male with a date of injury as 05/08/2005. The cause of the injury was not included in the documentation received. The current diagnoses include low back pain status post fusion with intermittent radiation into the legs, and chronic pain syndrome. Previous treatments were include medications and spinal fusion. Physician's report dated 12/26/2014 was included in the documentation submitted for review. Of note, the entire dictated report was not submitted only pages 2-4 was received. Physical examination revealed tenderness in the lumbar paraspinal muscles and pain with facet loading. The physician documented that the injured worker takes the medication to be functional, but a detailed evaluation of the injured worker's improved functions was not provided. The injured worker is currently not working. The utilization review performed on 11/25/2014 modified a prescription for Neurontin and non-certified a prescription for Nalfon based on no clinical evidence to support the use of these medications. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Neurontin 600mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin Page(s): 49. Decision based on Non-MTUS Citation Pain section, Neurontin

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Neurontin 600 mg #90 is not medically necessary. Neurontin is recommended for some neuropathic pain conditions and fibromyalgia. Neurontin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Neurontin is an anti-epilepsy drug. In this case, the injured worker's working diagnoses are low back pain status post fusion with intermittent radiation into the legs; and chronic pain syndrome. The medical record is 7 pages in its entirety. There is a single progress note dated December 26, 2014, however, page 1 of the progress note is missing. Consequently, there are no subjective complaints. Objectively the treating physician documents lumbar paraspinal muscles and pain with facet loading. There is no neurologic evaluation in the medical record documentation. Current medications are not listed. There is no clinical documentation of neuropathic symptoms or signs present in the medical record. Consequently, absent clinical documentation to support the use of Neurontin, evidence of objective functional improvement and a neuropathic process, Neurontin 600 mg #90 is not medically necessary.

1 Prescription for Nalfon 400mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Pain section, NSAI

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Nalfon 400 mg #60 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. In this case, the injured worker's working diagnoses are low back pain status post fusion with intermittent radiation into the legs; and chronic pain syndrome. The medical record is 7 pages in its entirety. There is a single progress note dated December 26, 2014, however, page 1 of the progress note is missing. Consequently, there are no subjective complaints. Objectively the treating physician documents lumbar paraspinal muscles and pain with facet loading. There is no neurologic evaluation in the medical record documentation. Current medications are not listed. Anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. The documentation, as noted above, does not provide a start date for Nalfon. Nalfon is not mentioned in the progress note dated December 26, 2014. There are no pain assessments or evidence of objective functional improvement in the medical record. Consequently, absent clinical documentation to support the ongoing use of Nalfon (indicated for the shortest period at the lowest dose) with evidence of objective functional improvement, Nalfon 400 mg #60 is not medically necessary.

