

Case Number:	CM15-0002151		
Date Assigned:	01/13/2015	Date of Injury:	07/22/2002
Decision Date:	03/13/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/05/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61-year-old male who reported an injury on 07/22/2002 due to an unspecified mechanism of injury. On 10/15/2014, he presented for a followup evaluation regarding his work related injury. He stated that he was pleased with right hip, and that he had some type of episode where he had extra pain, but that this was all resolved. It was noted that he did not appear to be having any symptoms on the right side at the present time. He noted that his right lower extremity was shorter. It was stated that he was taking Oxycontin 70 mg per 24 hours in divided doses of 20/20/30 mg. He also used Neurontin 3600 mg in 24 hours and 12000 mg every 8 hours. He also used baclofen 10 mg every 8 hours and Norco 10/325 mg about 4 in 24 hours. The treatment plan was for Norco 10/325 mg tabs #120, Oxycontin 20 mg tablets #60, Oxycontin 30 mg #30, and Neurontin 6000 mg 1 tab tid #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg/tab #120: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. Pain assessments should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, and how long pain relief lasts. Based on the clinical documentation submitted for review, the injured worker was noted to be taking multiple medications to address his pain. However, there is a lack of documentation showing that he has had any significant functional improvement or quantitative decrease in pain with the use of these medications to support their continuation. In addition, the frequency of the medication was not stated within the request or evident within the documentation. Therefore, the request is not medically necessary.

Oxycontin 20mg/tab #60: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. Pain assessments should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, and how long pain relief lasts. Based on the clinical documentation submitted for review, the injured worker was noted to be taking multiple medications to address his pain. However, there is a lack of documentation showing that he has had any significant functional improvement or quantitative decrease in pain with the use of these medications to support their continuation. In addition, the frequency of the medication was not stated within the request or evident within the documentation. Therefore, the request is not medically necessary.

Oxycontin 30mg/tab #30: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. Pain assessments should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, and how long pain relief lasts. Based on the clinical documentation submitted

for review, the injured worker was noted to be taking multiple medications to address his pain. However, there is a lack of documentation showing that he has had any significant functional improvement or quantitative decrease in pain with the use of these medications to support their continuation. In addition, the frequency of the medication was not stated within the request or evident within the documentation. Therefore, the request is not medically necessary.

Neurontin 6000mg/tab 1 tab TID #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Gabapentin (Neurontin) Page(s): 49.

Decision rationale: According to the California MTUS Guidelines, Neurontin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia, and it has been considered a first line treatment option for neuropathic pain. Based on the clinical documentation submitted for review, the injured worker was noted to be taking Neurontin for pain relief. However, there is a lack of documentation showing that he has any signs and symptoms indicating neuropathic pain, postherpetic neuralgia, or diabetic painful neuropathy to support the request for the use of this medication. In addition, a quantitative decrease in pain and an objective improvement in function was not evident within the report. Therefore, the request is not medically necessary.