

Case Number:	CM15-0011018		
Date Assigned:	01/28/2015	Date of Injury:	06/29/2012
Decision Date:	03/24/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/20/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 was a 53 year old female, who sustained an industrial injury, June 29, 2012. The injured workers chief complaint was increasing neck pain low back, left lower extremity and left shoulder. The injured worker was diagnosed with CRPS (chronic regional pain syndrome) of the left upper extremity and status post left hand carpal tunnel syndrome. The injured worker previously received the following treatments an MRI of the cervical spine April, 14, 2014; 16 sessions of chiropractic therapy, acupuncture, physical therapy, 5 ganglion block injections, CPM (continuous range of motion machine), a glove for the left hand, pain medication and ointments. According to progress note of November 11, 2014, the neck pain was stabbing pain radiating into the left shoulder, like electrical shocks. The injured was unable lift the left arm and having difficulty with daily tasks. Also, stabbing pain in the mid to low back radiating down the left leg. On November 11, 2014, the primary treating physician requested prescriptions for Norco, Robaxin and Gabapentin cream. On December 22, 2014, the UR denied authorization for prescriptions for Norco, Robaxin and Gabapentin cream. The utilization Reviewer referenced MTUS and ODG guidelines for the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Per progress report dated 11/11/14, it was noted that the medication allowed the injured worker to increase her activity and feel energized. She reported that norco reduced her pain from 10/10 to 5/10 on the pain scale and allowed her to grasp items in the left hand. Side effects were discussed; it was noted to cause her to feel groggy. However, there was no documentation of UDS or efforts to monitor appropriate medication usage. Absent this, medical necessity cannot be affirmed.

Robaxin 750mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65.

Decision rationale: MTUS CPMTG recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. The documentation submitted for review indicates that the injured worker has been using this medication since at least 8/2014. As it is recommended only for short-term use, the request is not medically necessary.

Gabapentin cream 10%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 113.

Decision rationale: Per MTUS p113 with regard to topical gabapentin: "Not recommended. There is no peer-reviewed literature to support use." As topical gabapentin is not recommended, the request is not medically necessary.