

Case Number:	CM15-0015901		
Date Assigned:	02/03/2015	Date of Injury:	07/01/1997
Decision Date:	05/11/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/27/2015

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, Arizona

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 62-year-old male who reported injury on 07/01/1997. The mechanism of injury was not provided. The injured worker was noted to have multiple surgical interventions and a spinal cord stimulator trial. The documentation indicated the injured worker was utilizing Neurontin 600 mg 1 tablet by mouth 4 times a day, Zantac 150 mg 1 by mouth twice a day, Cymbalta 60 mg 1 q day and docusate sodium 100 mg soft gels 1 by mouth twice a day as well as morphine sulfate IR 15 mg 1 every 12 hours, Kadian ER 50 mg 1 to 2 twice a day, Restoril 15 mg 1 at bedtime, lidocaine 5% patches and tizanidine hydrochloride. The injured worker had utilized the medication since at least 05/2014. The most recent documentation submitted for review was dated 10/14/2014. The documentation indicated the injured worker had neck pain, back pain, bilateral upper extremity pain, and bilateral lower extremity pain. The injured worker had episodic flare-ups of muscle spasms, which were noted to be improved with the use of muscle relaxants. The documentation indicated the injured worker's pain level was reduced from an 8/10 to a 6/10 with the use of medications. The physical examination revealed restricted flexion, extension, lateral rotation to the left and right and tenderness in the paracervical muscles. The treatment plan included medications. The injured worker denied side effects and there were noted to be no drug behaviors and the injured worker was utilizing the medications as prescribed. The documentation indicated that the pain is decreased in function, is improved with the use of the medications and without them he would have difficulty tolerating routine activities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg # 120 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend antiepilepsy medications as a first line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50% and objective functional improvement. The clinical documentation submitted for review indicated the injured worker had a decrease in pain. However, there was a lack of documentation of specific objective functional improvement. There was a lack of documentation indicating a necessity for 3 refills without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Neurontin 600 mg #120 with 3 refills is not medically necessary.

Cymbalta 60mg # 30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend antidepressants as a first line medication for the treatment of neuropathic pain. They are recommended especially if the pain is accompanied by insomnia, anxiety or depression. There should be documentation of an objective decrease in pain and objective functional improvement including an assessment in the changes in the use of other analgesic medications, sleep quality, duration and psychological assessments. The clinical documentation submitted for review failed to provide documentation of an objective functional improvement to include an assessment in the changes in the use of other analgesic medications, sleep quality, duration and psychological assessments. There was a lack of documentation indicating a necessity for 3 refills without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Cymbalta 60 mg #30 with 3 refills is not medically necessary.

Docusate Sodium 100mg # 60 with 3 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 Initiation of Opioid Therapy Page(s): 77.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend when initiating opioid therapy, prophylactic treatment of constipation should be initiated. The clinical documentation submitted for review failed to provide the efficacy for the requested medication. There was a lack of documentation indicating the injured worker had constipation. There was a lack of documentation indicating a necessity for 3 refills without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for docusate sodium 100 mg #60 with 3 refills is not medically necessary.