

Case Number:	CM15-0015925		
Date Assigned:	02/03/2015	Date of Injury:	05/16/2011
Decision Date:	03/30/2015	UR Denial Date:	01/16/2015
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: New Jersey, New York
 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 35 year old male, who sustained an industrial injury on 5/16/2011. Magnetic Resonance Imaging (MRI) significant for multilevel disc protrusion in thoracic and lumbar spine. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, acupuncture, physical therapy, restoration program. Currently, the IW complains of increased neck, back and thoracic spine pain. Documentation from the evaluation on 12/31/14 indicated pain was rated 8/10 VAS without medications and 6/10 with medication and that the medication allowed him to work full time and complete Activities of Daily Living (ADLs) independently. Physical examination documented ongoing tenderness throughout cervical, thoracic, and lumbar paraspinal muscles with radiation to right arm and bilateral lower extremities associated with burning and tingling. The plan of care included continuation of previously prescribed medications, psychological consultation, and acupuncture therapy. On 1/16/2015 Utilization Review non-certified Ultracet 37.5/325mg #240, Gabapentin 400mg #180, and Cymbalta 30mg #120, noting the documentation failed to include evidence of functional gain with use of the requested treatments. The MTUS Guidelines were cited. On 1/27/2015, the injured worker submitted an application for IMR for review of Ultracet 37.5/325mg #240, Gabapentin 400mg #180, and Cymbalta 30mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/32 5mg #240: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request for ultracet is medically necessary. The chart provides documentation of improvement in pain and function with the use of ultracet. There are no documented urine drug screen results but a general statement saying that UDS have been consistent. The patient was stated to have a drug contract on file. The 4 A's of ongoing monitoring were adequately documented. Because there was documented improvement in pain and evidence of objective functional gains with the use of this opioid, such as return to work full-time and ability to do specific ADL's the benefits of ultracet outweigh the risks. The request is considered medically necessary.

Gabapentin 400mg #180: Overturned

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 Anticonvulsant, Gabapentin Page(s): 16-19, 49.

Decision rationale: The request is medically necessary. Gabapentin is an anti-epilepsy drug that is effective for neuropathic pain which the patient was documented to have. Gabapentin provided significant improvement in numbness and tingling of his arms and allowed him to function more effectively with ADLs such as cooking, cleaning, and hygiene, and return to work. Therefore, the request for Gabapentin is considered medically necessary.