

Case Number:	CM15-0016356		
Date Assigned:	02/04/2015	Date of Injury:	09/24/2012
Decision Date:	03/30/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/28/2015

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 59-year-old female who reported injury on 09/24/2012. The mechanism of injury was not provided. There was a Request for Authorization submitted for review dated 01/09/2015. The documentation of 01/07/2015 revealed the injured worker had pain in the cervical area and the injured worker indicated that the medication reduced the pain by 50%. With the use of the medication, the injured worker indicated she was able to complete chores around the house. The injured worker's current pain rating on the date of the office visit was 3/10. The pain was noted to be constant. The medications were noted to include Neurontin 300 mg one 3 times a day, Lyrica 75 mg one 3 times a day, Norco 5/325 mg 1 by mouth twice a day, cyclobenzaprine hydrochloride 1 tablet by mouth twice a day, and Nexium 40 mg. The physical examination revealed decreased range of motion. The injured worker had diminished left upper and right upper extremity strength. The diagnoses included facet arthropathy cervical, cervical myofascial pain syndrome, degenerative disc disease in cervical region, and status post cervical spine fusion as well as occipital neuralgia. The treatment plan included Neurontin 300 mg one 3 times a day and Norco 5/325 mg 1 by mouth twice a day. Additionally, the CURES report was noted to be reviewed and a urine drug screen was obtained.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing (UDT). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine drug testing (UDT)

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend urine drug screens for injured workers who have documented issues of abuse, addiction or poor pain control. The clinical documentation submitted for review failed to indicate the injured worker had issues of addiction, abuse or poor pain control. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for toxicology screen is not medically necessary.

Norco 5/325mg quantity 60: 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 Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior and side effects and had an objective decrease in pain as well as objective functional improvement. This medication would be supported. However, the request as submitted failed to indicate the frequency for the requested medication. Therefore, the request for Norco 5/325 mg quantity 60 is not medically necessary.

Neurontin 300mg quantity 90 with 3 refills: 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 Antiepileptic Drugs Page(s): 16.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend antiepilepsy medications as the first line medication for the treatment of neuropathic pain. There should be documentation of 30% to 50% objective decrease in pain and documentation of objective functional improvement. The clinical documentation submitted for

review indicated the injured worker had objective functional benefit and had an objective decrease in pain. 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 300 mg quantity 90 with 3 refills is not medically necessary.