

Case Number:	CM15-0110039		
Date Assigned:	06/19/2015	Date of Injury:	01/09/2014
Decision Date:	07/28/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/08/2015

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: Pennsylvania, Ohio, 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 56 year old female, who sustained an industrial injury on 1/9/2014. Diagnoses have included chronic neck pain, cervical degenerative disc disease, cervical radiculopathy, lumbar radiculopathy and chronic low back pain. Treatment to date has included physical therapy and medication. According to the progress report dated 5/15/2015, the injured worker complained of neck pain radiating to the left arm and low back pain radiating to the left leg. She rated the pain as 7/10 without medication and 5/10 with medication. The injured worker ambulated independently with an antalgic gait. There was tenderness over the left cervical and lumbar paraspinal muscles.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550mg #60, One tab BID: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories Page(s): 22.

Decision rationale: MTUS recommends anti-inflammatories as first-line treatment for musculoskeletal pain. An initial physician review concluded there was not sufficient objective documentation of functional benefit to support ongoing NSAID use; however, the records do clearly document subjective benefit from NSAIDS, which is appropriate per MTUS to continue treatment in the absence of adverse effects. The request is medically necessary.

Neurontin 600mg #90, one tab at bedtime: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drug (AED) Page(s): 16-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic drugs Page(s): 17.

Decision rationale: MTUS recommends Neurontin as a first-line treatment for neuropathic pain, such as a radiculopathy as documented in this case. An initial review concluded there was not sufficient documentation of benefit from this medication; however, the records do clearly document that the patient reports benefits from medication and this is a preferred drug class for long-term pain management. This request is medically necessary.

Tramadol 50mg #100, one tab PRN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 93-94, 124.

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

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall, for which ongoing opioid use is supported. Therefore, this request is not medically necessary.