

Case Number:	CM15-0177034		
Date Assigned:	09/17/2015	Date of Injury:	10/30/2013
Decision Date:	10/27/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	09/09/2015

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, Hawaii

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 46 year old male, who sustained an industrial injury on October 30, 2013, incurring low back, upper back and right shoulder injuries. He was diagnosed with lumbar herniated disc, spondylolisthesis of the lumbar region and cervical disc disease with cervical herniation and disc bulging with cervical spinal stenosis and right shoulder tendinosis with a partial tear. Treatment included steroid injections, neuropathic medications, pain medications, proton pump inhibitor and activity restrictions. Currently, the injured worker complained of constant sharp pain in his neck radiating down both arms into the fingers rated 5 out of 10 on a pain scale of 1 to 10. The injured worker noted persistent low back pain, radiating into the lower extremities, tenderness and frequent muscle spasms. He complained of difficulty sleeping at night due to constant pain. The pain was exacerbated with prolonged walking and sitting to a rating of 10 out of 10 but alleviated with medications. The treatment plan that was requested for authorization on September 9, 2015, included prescriptions for Norco 5-325mg #45, Ketamine 50 mg (unknown quantity) and Neurontin (unspecified quantity and strength). On August 7, 2015, the request for prescriptions for Neurontin and Ketamine was denied. The request for Norco was modified to Norco 5-325mg one tablet twice a day as needed for pain #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The patient presents with pain affecting the neck with radiation into the bilateral upper extremities, and the low back with radiation into the bilateral lower extremities. The current request is for Norco 5/325mg #45. The treating physician report dated 7/31/15 (28B) states, "Patient's pain is exacerbated with prolonged walking or sitting to a 10/10. Alleviated with medication." MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided show the patient has been taking Norco since at least 4/6/15 (125B). The report dated 7/31/15 (27B) notes that the patient's current pain level is 8/10. No adverse effects or adverse behavior were discussed by the patient. There is no evidence provided that shows the physician has a signed pain agreement or cures report on file. In this case, all four of the required A's are not addressed and functional improvement has not been documented. The MTUS guidelines require much more thorough documentation to recommend the continued usage of Norco. The current request is not medically necessary.

Ketamine 50mg (unknown quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Ketamine.

Decision rationale: The patient presents with pain affecting the neck with radiation into the bilateral upper extremities, and the low back with radiation into the bilateral lower extremities. The current request is for Ketamine 50mg (unknown quantity). The treating physician report dated 7/31/15 (30B) states, "Oral Ketamine trial will be started, we'll start as 10 mg 1 tab tid prn for pain." MTUS, page 56 regarding Ketamine states, "Not recommended - There is insufficient evidence to support the use of Ketamine for the treatment of chronic pain. There are no quality studies that support the use of Ketamine for chronic pain, but it is under study for CRPS." In this case, the MTUS guidelines do not recommend Ketamine for chronic pain. Furthermore, the current request does not specify a quantity of Ketamine to be prescribed to the patient and the MTUS guidelines do not support an open ended request. The current request is not medically necessary.

Neurontin (unspecified quantity and strength): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The patient presents with pain affecting the neck with radiation into the bilateral upper extremities, and the low back with radiation into the bilateral lower extremities. The current request is for Neurontin (unspecified quantity and strength). The treating physician report dated 7/31/15 (30B) states, "We'll increase the dose to Neurontin." The MTUS guidelines support the usage of Gabapentin for the treatment of radicular pain. In this case, there is no documentation in the medical reports provided of functional improvement from the use of this medication. Furthermore, the current request does not specify a quantity of Neurontin to be prescribed to the patient and the MTUS guidelines do not support an open ended request. The current request is not medically necessary.