

Case Number:	CM15-0178854		
Date Assigned:	09/21/2015	Date of Injury:	10/18/2013
Decision Date:	11/10/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/10/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 49 year old female with a date of injury on 10-18-2013. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spine myoligamentous injury with bilateral upper extremity radicular symptoms, lumbar myoligamentous injury with bilateral lower extremity radiculopathy and medication induced gastritis. Medical records (4-24- 2015 to 8-17-2015) indicate ongoing neck pain radiating to both upper extremities and low back pain radiating to both lower extremities. The injured worker rated her pain as seven out of ten. She reported 30 to 40 percent pain relief after taking Norco, which lasted four to five hours. The injured worker was trialing Neurontin, but did not like the cognitive feeling it caused. It was noted that she was trialed on Doral at bedtime, but it was not effective. According to the progress report dated 8-17-2015, the Neurontin was very beneficial for neuropathic pain. Per the treating physician (8-17-2015), the employee was temporarily totally disabled. The physical exam (8-17- 2015) revealed tenderness to palpation of the cervical spine with numerous trigger points. There was decreased cervical range of motion with obvious muscle guarding. Exam of the lumbar spine revealed tenderness to palpation, numerous trigger points and decreased range of motion. Treatment has included cervical and lumbar epidural steroid injections, physical therapy, trigger point injections, psychotherapy and medications. The request for authorization dated 8-17-2015 was for Anaprox, Prilosec, Doral, Neurontin and Norco. The original Utilization Review (UR) (8-28-2015) denied requests for Naproxen, Doral, Norco and Neurontin. Utilization Review approved a request for Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco /mg #60: Overturned

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 for chronic pain.

Decision rationale: Guidelines state that Norco is indicated for moderate to moderately severe pain. Guidelines further state the criteria for the use of opioids is the ongoing review and documentation of the patient's pain relief, functional status, appropriate medication use, and side effects. In this case, the medical necessity has been established for the patient's use of the requested Norco as a first-line analgesic agent for pain relief for the patient's treatment of chronic pain as it is appropriate in this clinical setting. I am reversing the previous utilization review decision. Norco /mg #60 is medically necessary.

Neurontin 600mg #90: Overturned

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 MTUS states that gabapentin is an anti-epilepsy drug, which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit, the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is documentation of functional improvement. I am reversing the previous utilization review decision. Neurontin 600mg #90 is medically necessary.

Doral 15mg #30: 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): Benzodiazepines.

Decision rationale: The MTUS states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines

limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Doral 15mg #30 is not medically necessary.

Naproxen 550mg #60: 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): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Guidelines recommend NSAIDs as an option for short-term symptomatic relief. Naproxen 550mg #60 is not medically necessary.