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| Case Number: | CM15-0048588 | | |
| Date Assigned: | 03/20/2015 | Date of Injury: | 11/19/2013 |
| Decision Date: | 05/13/2015 | UR Denial Date: | 03/06/2015 |
| Priority: | Standard | Application Received: | 03/13/2015 |

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: Emergency 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:

The patient is a 39-year-old male who reported an injury on 11/19/2013. The mechanism of injury was the injured worker was hanging metal trusses using a ladder, the rung broke, and the injured worker fell to the ground with 200-pound trusses on top of him. The injured worker was noted to utilize the medications since at least 07/2014. The injured worker underwent an MRI of the lumbar spine and right knee. Prior therapies included chiropractic care and physical therapy. There was a Request for Authorization submitted for review dated 02/27/2015. The documentation of 02/18/2015 revealed the injured worker had complaints of low back pain. The pain was 8/10. The pain was moderate to severe and radiated to the left buttock and left thigh. The patient had associated numbness. Medical treatment to date per the physician documentation indicated the injured worker underwent an epidural steroid injection, physical therapy, TENS unit, and chiropractic care, as well as medications including hydrocodone and Flexeril. The documentation indicated the injured worker had not trialed antidepressants. The injured worker was currently taking no medications. The documentation indicated the injured worker had psychological treatment for depression. The injured worker had difficulty falling asleep. The physical examination revealed spasms, tenderness, and tight muscle bands bilaterally. The injured worker had spinous process tenderness at L4 and L5. The straight leg raise test was positive on the left side at 45 and in the sitting position. The lumbar facet loading test was positive bilaterally. The motor examination revealed 4/5 strength of the knee flexors and knee extensors on the left. Sensation was decreased over the lateral calf on the left side. The diagnosis included lumbar or lumbosacral disc degeneration, lumbago, thoracic or

lumbosacral neuritis or radiculitis not otherwise specified, and chronic pain syndrome. The treatment plan included fenoprofen calcium 400 mg, gabapentin 600 mg #90, lidocaine 4% cream, Senna laxative 8.6 mg tablets, and tramadol 150 mg CPMP 25/75 take 1 every day as needed for pain. The documentation indicated the injured worker was opined to not be a surgical candidate and was noted to be an excellent candidate for a Functional Restoration Program. The request was made for an initial evaluation for the Functional Restoration Program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound fenoprofen calcium 400mg unknown quantity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that NSAIDS are recommended for short term symptomatic relief of mild to moderate pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual injured worker treatment goals. The clinical documentation submitted for review indicated the injured worker had pain. The documentation indicated the prior treatments included Flexeril and hydrocodone. There was no documentation indicating the injured worker had previously trialed an NSAID. As such, the NSAID would be supported. However, the request as submitted failed to indicate the frequency and quantity for the requested medication. Given the above, the request for compound fenoprofen calcium 400 mg unknown quantity is not medically necessary.

Gabapentin 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

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 a first line medication for treatment of neuropathic pain. The clinical documentation submitted for review indicated the injured worker had neuropathic pain. The injured worker had not taken this medication previously. This medication would be supported. However, the request as submitted failed to provide documentation of the frequency. Given the above, the request for gabapentin 600 mg #90 is not medically necessary.

Tramadol 150mg cpmp 25/75 unknown quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Ongoing Management Page(s): 60 and 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opioids 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 had previously utilized an opioid. There was a lack of documentation of objective functional benefit and an objective decrease in pain. There was a lack of documentation indicating the injured worker was being monitored for aberrant drug behavior and side effects. There was a lack of clarification indicating what the initials "CPMP" meant. There was a lack of documentation indicating the frequency and quantity for the requested medication. Given the above, the request for tramadol 150 mg CPMP 25/75 unknown quantity is not medically necessary.

1 Functional restoration program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (functional restoration programs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program, Functional Restoration Program Page(s): 30-32.

Decision rationale: The California Medical Treatment & Utilization Schedule Guidelines indicate that a Functional Restoration program is recommended for patients with conditions that put them at risk of delayed recovery. The criteria for entry into a functional restoration program includes an adequate and thorough evaluation that has been made including baseline functional testing so follow-up with the same test can note functional improvement, documentation of previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement, documentation of the patient's significant loss of the ability to function independently resulting from the chronic pain, documentation that the injured worker is not a candidate for surgery or other treatments would clearly be warranted, documentation of the injured worker having motivation to change and that they are willing to forego secondary gains including disability payments to effect this change, and negative predictors of success has been addressed. Additionally it indicates the treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The clinical documentation submitted for review failed to indicate the injured worker would meet the criteria for a Functional Restoration Program. There was a lack of documentation of the above criteria. Additionally, the physician documentation indicated the request was for an evaluation for the Functional Restoration Program. The request as submitted was for the program itself. Given the above and the lack of clarification, the request for 1 Functional Restoration Program is not medically necessary.

