

Case Number:	CM15-0049504		
Date Assigned:	03/23/2015	Date of Injury:	03/29/2005
Decision Date:	05/13/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/16/2015

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 54-year-old female who reported an injury on 03/29/2005, with an unknown mechanism of injury. Current diagnoses include cervical spine degenerative disc disease with radiculopathy, cervical spine facet arthrosis, and status post bilateral carpal tunnel release. Current medications include Motrin 800 mg, Norco, Restoril, and Neurontin. Other therapies include the use of oral medications, activity modification, physical therapy, prolonged rest, cervical epidural steroid injections, and the use of TENS unit. The clinical note dating 02/17/2015 indicates the injured worker was seen for continued complaints of neck pain with numbness in her hands. She indicates her pain is an 8/10 without medications and a 4/10 with medications. Physical examination reveals spasms of the cervical spine, with painful and decreased range of motion. There was noted to be facet tenderness. There was noted to be decreased sensation at C5 bilaterally. The treatment includes continuation of the current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Usage of Motrin 800mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: The California MTUS Guidelines note that the specific recommendations for NSAIDs include osteoarthritis, where it is recommended at the lowest dose for the shortest period in patients with moderate to severe pain. In this case, the injured worker is having increased pain in the neck with numbness in the hands. It is noted that the medication helps with the pain management and the injured worker is able to work with modified duties. While there is documentation of subjective improvement with medication use, there is no documentation regarding objective functional gains associated with the medication use. As such, this request is not medically necessary.

Usage of Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-94.

Decision rationale: The California MTUS Guidelines recommend the use of opioids for chronic pain. Failure to respond to a time limited course of opioids leads to the suggestion of reassessment and consideration of alternative therapy. The clinical records indicate that the medication helps with the pain management and the injured worker is able to work with modified duties. Without medications, the pain is severe and unbearable. The provider notes that it is policy of the office to ensure that the injured worker is indeed compliant with the medications being provided and is not abusing it. While there is documentation of subjective improvements with the medication, there is no documentation regarding objective functional gains associated with the medications. In addition, there was no documentation indicating the use of urine drug screens to ensure that the injured worker is compliant with the medications. Furthermore, based on prior review, the injured worker should have already been completely weaned from this medication. Given all of the above, this request is not medically necessary.

Usage of Restoril 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The California MTUS Guidelines note that benzodiazepines are not recommended for long term use because long term efficacy is unproven and there is a risk of

dependence. The clinical records failed to document objective functional gains associated with this medication. In addition, the guidelines do not recommend this medication for long term use. As such, this request is not medically necessary.

Usage of Neurontin 600mg #60: 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 Antiepilepsy drugs (AEDs) Page(s): 16-19.

Decision rationale: The California MTUS Guidelines note that antiepilepsy drugs are also referred to as anticonvulsants. They are recommended for neuropathic pain. While there is documentation of subjective improvements with this medication, there is no documentation providing objective evidence of functional gains associated with this medication. Given the above, this request is not medically necessary.