

Case Number:	CM15-0063450		
Date Assigned:	04/09/2015	Date of Injury:	04/04/2011
Decision Date:	06/05/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/03/2015

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: Minnesota

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52 year old male, who sustained an industrial injury on 4/4/2011. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical radiculopathy, lumbar radiculopathy, lumbar facet arthropathy, left central disc extrusion at Lumbar 5-sacral 1 and chronic pain. Treatment to date has included lumbar epidural steroid injection, exercise and medication management. The injured worker's medications included Prilosec, flurazepam, baclofen, Neurontin, and Norco as of at least 06/2014. The injured worker underwent urine drug screens previously. In a progress note dated 3/2/2015, the injured worker complains of chronic neck, thoracic and low back pain. The documentation additionally indicated the injured worker's neck pain was constant and thoracic pain was intermittent. The low back pain was constant. The pain without medications was 7/10 to 8/10 and with medications was 3/10 to 4/10. The pain relief from each medication lasted approximately 4 hours. The least reported pain was 3 on a scale of 1 to 10. Areas of functional improvement as a result of medications included bathing, brushing teeth, combing and washing hair, concentrating, cooking, dressing, mood, sleeping, and sleeping in bed. The physical examination revealed spasms at L4-S1. The injured worker had tenderness in the right paravertebral area. The injured worker had spinal vertebral in the cervical spine at C4-6. The prior diagnostic studies included an MRI of the cervical spine and lumbar spine. The injured worker was noted to be CURES appropriate. The treating physician is requesting Prilosec, Baclofen, Neurontin, Norco and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec DR 20mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California MTUS Guidelines recommend proton pump inhibitors for injured workers at intermediate risk or higher for gastrointestinal events and are also for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the medication was effective at the prescribed dosage. However, there was a lack of documentation indicating specific efficacy. There was a lack of documentation indicating the injured worker had signs or symptoms of dyspepsia. There was a lack of documentation of a rationale for 2 refills without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Prilosec DR 20mg #30 with 2 refills is not medically necessary.

Baclofen 20mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain, less than 3 weeks and there should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had objective functional benefit with the medication. However, the injured worker was noted to utilize the medication for an extended duration of time, and further usage would not be supported. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documented rationale for the requested 2 refills. Given the above, the request for baclofen 20mg #60 with 2 refills is not medically necessary.

Neurontin 600mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drug.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

Decision rationale: The California MTUS Guidelines recommend ant epilepsy medications as a first line medication for treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50% and objective functional improvement. The clinical documentation submitted for review indicated the injured worker had 30% to 50% objective pain relief and there was documentation of objective functional improvement. However, the request as submitted failed to indicate the frequency for the requested medication. There was a lack of documented rationale for 2 refills without re-evaluation. Given the above, the request for Neurontin 600mg #30 with 2 refills is not medically necessary.

Norco 10/325mg #180 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. Refills are not permitted per the DEA due to the drug's Schedule 2 classification. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior and side effects and the injured worker had objective functional improvement and an objective decrease in pain. This medication would be supported. However, there was a lack of documentation of exceptional factors, as the DEA does not allow refills of this medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325mg #180 with 2 refills is not medically necessary.

1 Urine drug test: 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), Pain, Criteria for use of Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The California MTUS indicates that the use of urine drug screening is for injured workers with documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review indicated the injured worker did not have aberrant drug behavior. There was a lack of documentation indicating the injured worker had documented issues of abuse, addiction, or poor pain control. The injured worker had undergone a urine drug screen with expected results in January of 2015. Given the above, the request for 1 urine drug test is not medically necessary.

