

Case Number:	CM15-0070996		
Date Assigned:	04/21/2015	Date of Injury:	12/04/2003
Decision Date:	07/01/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/14/2015

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: Texas, New York, 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:

The applicant is a represented 47-year-old who has filed a claim for chronic low back, neck, and shoulder pain reportedly associated with an industrial injury of December 4, 2003. In a Utilization Review report dated March 20, 2015, the claims administrator failed to approve requests for Norco, tramadol, BuTrans, and Neurontin. A March 5, 2015 RFA form and an associated progress note of the same date were referenced in the determination. The applicant's attorney subsequently appealed. On April 22, 2015, the applicant reported ongoing, worsening pain complaints. The applicant was quite distraught. The applicant's pain was preventing him from sleeping, it was stated. The applicant was severely depressed. The applicant had undergone earlier failed lumbar and cervical spine surgeries. Neurontin, tramadol, Terocin, Lunesta, Norco, and Ambien were apparently continued and/or renewed. The attending provider then stated that she would attempt Ambien on a trial basis so that the applicant could contrast the effects of Ambien versus those of Lunesta. The applicant's work status was not detailed, although it did not appear that the applicant was working. On April 2, 2015, the treating provider suggested pursuit of sacroiliac joint blocks. On March 5, 2015, the applicant reported heightened complaints of low back, leg, neck and arm pain. The applicant's pain scores ranged from 7-9/10. The applicant was visibly tearful and depressed and exhibited a slightly antalgic gait. The applicant was placed off of work, on total temporary disability, while BuTrans, tramadol, Norco, Lyrica, Prilosec, Desyrel, and Naprosyn were continued and/or renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, When to Continue Opioids, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Norco, a short-acting opioid, is not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, as of the date of the request, March 5, 2015. The applicant's pain complaints were seemingly heightened on that date. The applicant reported heightened complaints of neck, back, leg, and arm pain, 7-9/10. It did not appear that ongoing usage of Norco had proven particularly effective. The attending provider failed to outline meaningful or material improvements in function (if any) achieved as a result of ongoing Norco usage. Therefore, the request is not medically necessary.

Tramadol 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 4) On-Going Management Page(s): 78.

Decision rationale: Similarly, the request for tramadol, a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be employed to improve pain and function. Here, it was not clearly stated or clearly established why the applicant needed to use two separate short-acting opioids, namely Norco and tramadol. Therefore, the request is not medically necessary.

Butrans 20mcg (unspecified qty): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine (Butrans), Indications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26.

Decision rationale: Similarly, the request for BuTrans (buprenorphine) was likewise not medically necessary, medically appropriate, or indicated here. While page 26 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that buprenorphine or BuTrans is recommended in the treatment of opioid addiction and can also be employed for chronic pain purposes in applicants who have a history of opioid addiction who have detoxified off of opioids, here, however, no rationale for selection of BuTrans was furnished by the attending provider. It was not clearly stated why the applicant was employing BuTrans. It did not appear that the applicant was employing BuTrans for the purposes of weaning or tapering off of other opioids, as the applicant was concurrently using both Norco and tramadol. Therefore, the request is not medically necessary.

Neurontin 600mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, GabaroneTM, generic available) Page(s): 19.

Decision rationale: Finally, the request for Neurontin (gabapentin) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function effected as a result of the same. Here, however, the applicant was off of work, on total temporary disability, as of the date of the request. Severe pain complaints in the 7-9/10 range were reported, despite ongoing usage of Neurontin (gabapentin). Ongoing usage of gabapentin had failed to curtail the applicant's dependence on opioid agents such as BuTrans, Norco, and tramadol. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Neurontin (gabapentin). Therefore, the request is not medically necessary.