

Case Number:	CM15-0076891		
Date Assigned:	04/28/2015	Date of Injury:	04/19/2013
Decision Date:	05/26/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/22/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 37 year old male, who sustained an industrial injury on 4/19/13. He reported low back pain. The injured worker was diagnosed as having thoracic spondylosis without myelopathy, complete rupture of rotator cuff, contracture of tendon, disorders of bursae and tendons in shoulder region, pain in shoulder joint, myalgia and myositis, long term use of meds, lumbar spondylosis and lumbar radiculopathy. Treatment to date has included oral medications, injections, activity restrictions, steroid injections and physical therapy. Currently, the injured worker complains of constant, sharp low back pain. The injured worker noted improvement in pain with increased dose of gabapentin. Physical exam noted decreased lumbar range of motion and tenderness to palpation over the bilateral lumbar paraspinals with tenderness to palpation over the bilateral thoracic paraspinals, lumbar facet joints and bilateral SI joints. The treatment plan included refilling of Norco, Ultram, Cymbalta, Ibuprofen and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

Decision rationale: The patient is a 37 year old male with an injury on 04/19/2013. He had a rotator cuff rupture, myalgia, myositis and low back pain. MTUS, chronic pain guidelines for continued treatment with opiates require objective documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria. The request is not medically necessary.

Neurontin 600mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

Decision rationale: The patient is a 37 year old male with an injury on 04/19/2013. He had a rotator cuff rupture, myalgia, myositis and low back pain. MTUS, chronic pain guidelines note that Gabapentin (Neurontin) is FDA approved treatment for diabetic neuropathy and post herpetic neuropathy. The patient does not have any of these conditions and Neurontin is not medically necessary for this patient.