

Case Number:	CM15-0077600		
Date Assigned:	04/29/2015	Date of Injury:	10/03/2003
Decision Date:	06/25/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/23/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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(n) 59 year old female, who sustained an industrial injury on 10/3/02. She reported pain in her neck, upper back and left upper extremity. The injured worker was diagnosed as having brachial neuritis, lumbar post laminectomy syndrome, cervical displacement and carpal tunnel syndrome. Treatment to date has included physical therapy, spinal cord stimulator trial and pain medications. On 9/16/14, the injured worker rated her pain 7/10 without medications and a 3/10 with medications. As of the PR2 dated 3/12/15, the injured worker reports ongoing pain in the left neck, left upper back and left upper extremity. She rates her pain 7/10 without medications and a 3/10 with medications and is able to complete activities of daily living. She has been approved for a full implantation of a cervical spinal cord stimulator. The treating physician requested to continue Ibuprofen 800mg #90, Gabapentin 300mg #90, Zoloft 100mg #45 and Hydrocodone/APAP 10/325mg #190.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Tabs of Ibuprofen 800 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 67-68.

Decision rationale: This 59 year old female has complained of neck pain and back pain since date of injury 10/3/02. She has been treated with surgery, physical therapy, spinal cord stimulator and medications to include NSAIDS since at least 11/2014. The current request is for Ibuprofen. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least 4 months. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, Ibuprofen is not medically necessary in this patient.

90 Caps of Gabapentin 300 MG: Upheld

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

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

Decision rationale: This 59 year old female has complained of neck pain and back pain since date of injury 10/3/02. She has been treated with surgery, physical therapy, spinal cord stimulator and medications. The current request is for Gabapentin. Per the MTUS guideline cited above, Gabapentin is a first line agent used for the treatment of neuropathic pain, effective for the treatment of post herpetic neuralgia and diabetic neuropathy. There is no documentation in the available medical records, which supports the presence of any of these diagnoses. On the basis of the MTUS guidelines cited above and the available medical documentation, Gabapentin is not medically necessary.

45 Tabs of Zoloft 100 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin reuptake inhibitors Page(s): 16.

Decision rationale: This 59 year old female has complained of neck pain and back pain since date of injury 10/3/02. She has been treated with surgery, physical therapy, spinal cord stimulator and medications. The current request is for Zoloft. Per the MTUS guideline cited above the use of SSRI's in the treatment of chronic pain is controversial and not recommended. Zoloft is approved for the treatment of depression and major depressive disorder; however, there is no provider documentation supporting this diagnosis or the use of this medication. On the basis of the MTUS guidelines and the available provider documentation, Zoloft is not medically necessary in this patient.

190 Tabs of Hydrocodone/APAP 10 MG/325 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 59 year old female has complained of neck pain and back pain since date of injury 10/3/02. She has been treated with surgery, physical therapy, spinal cord stimulator and medications to include opioids since at least 11/2014. The current request is for Hydrocodone/APAP 10 MG/325 MG. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Hydrocodone/APAP 10 MG/325 MG is not medically necessary.