

Case Number:	CM15-0090680		
Date Assigned:	05/15/2015	Date of Injury:	05/28/2009
Decision Date:	07/08/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/11/2015

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: Pennsylvania, Ohio, California
 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 52 year old male, who sustained an industrial injury on 05/28/2009. The injured worker is currently proceeding with return to work trial. The injured worker is currently diagnosed as having post laminectomy syndrome of lumbar region and myofascial pain syndrome. Treatment and diagnostics to date has included physical therapy (6 out of 12) and medications. In a progress note dated 04/27/2015, the injured worker presented with complaints of constant back and leg pain. Objective findings include trigger points noted bilaterally with a positive twitch response to palpation in lumbar paraspinal muscles. The treating physician reported requesting authorization for Norco, Motrin, Prilosec, 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 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management, Opioids for Chronic Pain Page(s): 78, 80.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4A's of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.

Motrin 600mg #90 with 4 refills: Upheld

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

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

Decision rationale: MTUS recommends NSAIDS as a first-line drug class for chronic musculoskeletal pain. However ongoing monitoring is indicated, particularly given a history of medication-related gastritis. Therefore 4 refills are not supported by MTUS. The request is not medically necessary.

Prilosec 20mg #60 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI Symptoms Page(s): 68.

Decision rationale: MTUS supports gastrointestinal prophylaxis (including Prilosec as an option) for patients with GI symptoms or at risk of GI complications. This patient does have a history of potential NSAID-related GI toxicity and therefore Prilosec is recommended by MTUS. However ongoing physician follow-up is indicated to determine the effectiveness of treatment and duration of treatment. Therefore 4 refills are not supported by the treatment guidelines. The request is not medically necessary.

Neurontin 400mg #90 with 4 refills: 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 Anti-epileptic drugs Page(s): 18.

Decision rationale: MTUS supports Neurontin as a first-line medication for neuropathic pain. However, the guidelines also recommend monitoring the patient for effectiveness and adverse reactions. Therefore 4 refills are not indicated since physician monitoring should occur prior to continued refills. This request is not medically necessary.