

Case Number:	CM14-0142714		
Date Assigned:	09/10/2014	Date of Injury:	04/14/2003
Decision Date:	10/23/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 65 year old male who reported an injury on 04/14/2003 with an unknown mechanism of injury. The injured worker was diagnosed with rotator cuff syndrome of shoulder, osteoarthritis of the lower leg, lumbosacral spondylosis without myelopathy, thoracic or lumbosacral neuritis or radiculitis, cervical spondylosis without myelopathy, and osteoarthritis of the knee. The injured worker was treated with medications and injections. The medical records did not provide diagnostic studies or surgical history pertinent to request. On the clinical note dated 07/28/2014, the injured worker complained of radiation of pain bilaterally to the lower legs and toes and cervical radiation to the bilateral shoulders with aches and pains down both arms. The injured worker had pain with range of motion testing and palpable tenderness at the lateral joint line to the bilateral knees. The injured worker was prescribed Cymbalta 60mg daily, Neurontin 300mg three times a day, and Mobic 15mg daily. The treatment plan was for Neurontin 300mg and Mobic 15mg. The rationale for the request was not provided. The request for authorization was submitted for review on 08/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 15mg, Quantity 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: The injured worker complained of radiation of pain bilaterally to the lower legs and toes and cervical radiation to bilateral shoulders with aches and pains down both arms. The California MTUS guidelines state anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. NSAIDs are recommended as an option for short-term symptomatic relief for chronic low back pain. NSAIDs are generally recommended at the lowest effective dose for the shortest period of time. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. The medical records lack documentation of efficacy of the medication. There is no indication of significant pain relief or objective functional improvements with the use of Mobic. Additionally, the request does not indicate the frequency of the medication. As such, the request for Mobic 15mg quantity 30 is not medically necessary.

Neurontin 300mg Quantity 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16-18.

Decision rationale: The injured worker complains of radiation of pain bilaterally to the lower legs and toes and cervical radiation to bilateral shoulders with aches and pains down both arms. The California MTUS guidelines state Neurontin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. After the initiation of treatment there should be documentation of pain relief and improvement in function as well as side effects incurred with use. The medical records lack documentation of efficacy of the medication. There is a lack of documentation regarding significant pain relief, objective functional improvements, and side effects incurred with use. Additionally, the request does not indicate the frequency of the medication. As such, the request for Neurontin 300mg quantity 90 is not medically necessary.