

Case Number:	CM14-0145175		
Date Assigned:	09/12/2014	Date of Injury:	08/27/2004
Decision Date:	11/21/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/08/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 61-year-old male who reported injury on 08/27/2004. The mechanism of injury was a slip and fall. The injured worker was noted to be utilizing Norco and Gabapentin since 2012. The injured worker underwent an MRI of the lumbar spine. The injured worker underwent an EMG/NCV of the lower extremities. The injured worker was treated with epidural steroid injections and physical therapy. Surgical history was noncontributory. The injured worker underwent urine drug screens. Other therapies included chiropractic therapy, physical therapy, and acupuncture therapy. The injured worker has been utilizing meloxicam since at least 05/2014. The documentation of 06/19/2014 revealed the injured worker underwent bilateral L3-4 and L4-5 facet medial branch blocks, with which the injured worker had 80% to 85% improvement for 4 hours. The current complaints included low back pain worsened with sitting, bending, twisting, or extension. There were no radicular symptoms. The injured worker had axial low back pain. The injured worker was utilizing Laxacin, which improved the constipation caused by medications. Trazodone was noted to be helpful for insomnia. Documentation indicated the injured worker was utilizing Meloxicam for anti-inflammatory properties and Gabapentin for neuropathic pain. The injured worker indicated his pain with medications were 6/10 to 7/10, and without medications were 10/10. The injured worker indicated he was better able to perform activities of daily living, self-care needs, and continue a light exercise program with the medications. The injured worker showed no drug seeking behavior, was noted to be utilizing medications as prescribed, and was suffering no intolerable side effects. The urine drug screen was appropriate. The current medications included Norco 10/325 mg every 4 to 6 hours as needed for pain, Trazodone 100 mg at bedtime, Laxacin 1 to 2 twice a day as needed constipation, Gabapentin 600 mg 1 by mouth q.p.m., and Meloxicam 15 mg daily. Physical examination revealed decreased range of motion and tenderness to palpation over the L3-4 and

L4-5 paravertebral joints with 1+ muscle spasms. The diagnoses included low back pain with lumbar facet joint hypertrophy, lumbar radiculopathy currently asymptomatic, and multilevel lumbar degenerative disc disease with degenerative spondylosis and facet disease most pronounced at L4-5 and L5-S1. The treatment plan included a radiofrequency ablation bilateral L3-4 and L4-5, transportation, and a continuation of medications. There was no request for authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #135: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain and ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment & Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 2012. The documentation indicated the injured worker's pain was a 6 to 7/10 with medications and a 10/10 without medications. The injured worker was noted to undergo a urine drug screen, and was noted to be suffering no intolerable side effects. The injured worker was able to perform activities of daily living with the medications. However, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325 mg #135 is not medically necessary.

Gabapentin 600 mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AED) for pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

Decision rationale: The California Medical Treatment & Utilization Schedule Guidelines recommend anti-epilepsy medications as a first line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50%, and documentation of objective functional improvement. The duration of use was since at least 2012. The clinical documentation submitted for review met the above criteria. However, there was a lack of documentation indicating the frequency for the requested medication. Given the above, the request for Gabapentin 600 mg #30 is not medically necessary.

Meloxicam 15mg, #30: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend NSAIDS for the short term symptomatic relief of low back pain. There was documentation the injured worker had objective functional benefit and an objective decrease in pain. However, the request as submitted failed to indicate the frequency for the requested medication. The duration of use could not be established. Given the above, the request for Meloxicam 15 mg #30 is not medically necessary.