

Case Number:	CM14-0147811		
Date Assigned:	09/15/2014	Date of Injury:	06/22/2009
Decision Date:	10/20/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/11/2014

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 California. 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 records, presented for review, indicate that this 48 year old gentleman was reportedly injured on June 22, 2009. The most recent progress note, dated August 21, 2014, indicated that there were ongoing complaints of low back pain radiating to the bilateral lower extremities and neck pain radiating to the left shoulder and to the head causing headaches. Neck pain and back pain were rated at 8/10. Current medications include Norco, baclofen, Nexium, and Neurontin. Medications were stated to reduce pain by 50% and improve functional abilities by 50 percent. The physical examination revealed the patient with ambulation and with antalgic gait, decreased lumbar spine range of motion, positive straight leg raise test at 80 degrees bilaterally, decreased sensation at the lateral aspect of the left calf and the bottom of the left foot, normal lower extremity strength and reflexes, cervical spine and the left shoulder, also revealed decreased range of motion, positive left shoulder impingement sign. Diagnostic imaging studies of the lumbar spine, dated July 19, 2014, revealed a disc bulge at L2 to L3 and a spondylolisthesis of L5 on S1, which was stated to appear stable. Previous treatment included oral medications. A request was made for Norco, Nexium, Baclofen, Neurontin, and a referral to neurosurgeon and was not certified in the preauthorization process on September 9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91 of 127.

Decision rationale: Norco (Hydrocodone/Acetaminophen) is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short acting opiates at the lowest possible dose that establishes improvement (decrease) in the pain complaints and increased functionality, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain, which was rated at 8/10 on the progress note dated August 21, 2014. This does not indicate effective pain relief with the use of this medication. As such, this request for Norco 10/325 mg, #120 is not medically necessary and appropriate.

Refer to neurosurgeon to evaluate: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 - Independent Medical Examinations and Consultations, page 127.

Decision rationale: According to the progress note dated August 21, 2014, the injured employee stated to have unchanging back pain and lower extremity symptoms and no progression of any changes of the lumbar spine MRI. Considering this, this request for a referral to neurosurgeon is not medically necessary.

Nexium 40 mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 of 127..

Decision rationale: Nexium (Esomeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. CA MTUS Guidelines recommend proton pump inhibitors for patients taking NSAIDS with documented GI distress symptom. The medical record does not indicate that the injured employee is having gastrointestinal symptoms secondary to NSAIDS usage nor are NSAIDS even stated to currently be prescribed. As such, this request for Nexium 40 mg, #30 is not medically necessary.

Baclofen 10 mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 64 of 127.

Decision rationale: Baclofen is a pre/post synaptic GABAB receptor blocker recommended for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain associated with trigeminal neuralgia. Review of the available medical records fails to document any signs and symptoms of a diagnosis of multiple sclerosis, trigeminal neuralgia or a spinal cord injury with spasticity. As such, the guidelines do not support Baclofen, and this request of Baclofen 10 mg, #30 is not medically necessary and appropriate.

Neurontin 300mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20, 49 of 127.

Decision rationale: The California MTUS Guidelines support gabapentin (Neurontin) as a first line treatment for neuropathic pain and second line for moderate to severe pain as the potential benefit outweighs the risk. Based on the clinical documentation provided in the progress notes dated August 21, 2014, there is evidence of neuropathic and radicular pain on exam and this medication was stated to be helpful for the injured employee's neuropathic symptoms. As such, this request for Neurontin 300mg #120 is medically necessary and appropriate.