

Case Number:	CM14-0148776		
Date Assigned:	09/18/2014	Date of Injury:	10/05/2007
Decision Date:	10/21/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/12/2014

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 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 injured worker is a 56-year-old male who reported an injury on 10/05/2007; while working a salesman, he fell out of his truck and landed on his buttocks. The injured worker complained of constant lower back pain that rates 7/10 to 9/10, associated with weakness, numbness, and tingling to the bilateral lower extremities. The injured worker has diagnoses of chronic lower back pain, disc protrusion at L3-4, neuropathic pain to the lower extremities postoperatively, and moderate acute or chronic left L4-5 radiculopathy. Past surgical procedures included a spinal fusion at L4-5, dated 07/24/2014. The prior diagnostics included electromyogram, dated 10/30/2013. The MRI of the lumbar spine at L2-3 revealed posterior disc bulge; L4-5, moderate to severe left neural foraminal narrowing; L5-S1, posterior disc bulging without evidence canal stenosis. The physical examination, dated 03/05/2014, revealed positive straight leg raise on the left, sensory examination revealed diminished sensation at L4-5 dermatomes, motor strength testing revealed weakness to the left tibialis anterior and extensor hallucis longus muscle group at 4/5, motor strength of 5/5 for all remaining muscle groups. Medications included topical creams, Norco, Neurontin. Past treatments included epidural steroid injection, physical therapy, medication, and home exercise program. Treatment plan included urine drug screen, Neurontin, Norco, and a percutaneous electrical nerve stimulator unit. The Request for Authorization, dated 09/18/2014, was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test Page(s): 43.

Decision rationale: California MTUS guidelines recommend a urine drug test as an option to assess for the use or the presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of Opioids, for on-going management, and as a screening for risk of misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug seeking behavior, or whether the injured worker was suspected of illegal drug use. It is unclear when the last urine drug screen was performed. The last drug screen was on 07/23/2014. There is also no evidence of opioid use. As such, the request is not medically necessary.

Nuerontin 800 MG one p.o q.d. #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin (Gabapentin) Page(s): 16-17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-epilepsy Drugs Page(s): 18.

Decision rationale: The request for Nuerontin 800 MG one p.o q.d. #30 is not medically necessary. The California MTUS guidelines note that relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. The guidelines note Gabapentin 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. The clinical notes indicate the injured worker has neuropathic lower extremity pain, for which he is taking Neurontin. The urinalysis that was obtained on 07/23/2014 revealed negative findings for any presence of Neurontin, indicating the injured worker was not taking the medication as prescribed. As such, the request is not medically necessary.

Norco 10/325mg one p.o b.i.d p.r.n for Pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Therapy for Chronic Pain Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75, 78.

Decision rationale: The request for Norco 10/325mg one p.o b.i.d p.r.n for Pain is not medically necessary. The California MTUS Guidelines recommend opioids for chronic pain. There should

be documentation of objective functional improvement, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opioids should not exceed 120 mg oral morphine equivalent per day. The injured worker reported a pain of 7/10 to 9/10 using the VAS and is taking Norco 1 tablet every 4 hours. The urinalysis dated 07/23/2014 indicated that the injured worker had no Norco in his system, which was not consistent with the prescription. As such, the request is not medically necessary.

Percutaneous Electrical Nerve Stimulation (PENS) (four sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation (PENS) Page(s): 97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENs Page(s): 116.

Decision rationale: The request for Percutaneous Electrical Nerve Stimulation (PENS) (four sessions) is not medically necessary. The California MTUS do not recommend a TENS unit as a primary treatment modality. A 1 month home based TENS trial may be considered as a noninvasive conservative option, if used in conjunction with a program of evidence based functional restoration. The results of the studies are inconclusive, the previous trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long term effectiveness. The efficacy of the injured worker's previous courses of conservative care were not provided. It was unclear if the injured worker had undergone TENS unit treatment prior to this. It was also unclear if the injured worker had rented or purchased a TENS unit. Therefore, the request is not medically necessary.