

Case Number:	CM14-0126659		
Date Assigned:	08/13/2014	Date of Injury:	09/07/2009
Decision Date:	08/06/2015	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/11/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 45 year old female patient who sustained an industrial injury on 09/07/2009. The accident was described as while employed as a cook she was lifting a pot containing corn; she turned and experienced a sudden popping sensation in the right side of the neck and low back discomfort. She was seen in the emergency room, followed up and received a Toradol injection and by 09/18/2009 she returned with complaints of pain in the right leg and right hip. She underwent a steroid injection to the right greater trochanter for presumptive trochanteric bursitis. Her symptom did not resolve and she was scheduled for a consultation evaluation. She underwent radiographic study on 10/20/2009 that revealed mild lower lumbar spondylosis and mild facet arthropathy at L4-S1. Thereafter, she underwent a course of acupuncture treatment; remaining symptomatic. On 12/15/2009 she underwent a magnetic resonance imaging study of the lumbar spine. Of note, the patient does have prior history of previous industrial injury for which she went through physical therapy and the claim was never resolved. Back on 07/24/2014 the patient had complaint of experiencing daily pain that is rated a 6 in intensity out of 10 with the use of medications Norco and MS Contin. She admits to spasms in the low back along with parasthesia's in the bilateral lower extremities. She is currently not working. The pain interrupts her sleep at night and she also admits to feelings of depression. She uses ice and heat application as needed. The following diagnoses are applied; chronic low back pain; chronic cervical sprain; left shoulder overuse; element of depression, and a 60 pound weight gain. The plan of care noted the patient was approved to undergo a course of aqua therapy and she is still scheduling transportation to accommodate the visits. She is to undergo a urine drug screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

Decision rationale: Regarding the request for MS Contin (Morphine Sulfate ER), Chronic Pain Medical Treatment Guidelines state that MS Contin is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is documentation that the medication is reducing the patient's from a scale of 8/10 to 4/10, and is helping with her activities of daily living, for example, she is able to lift a gallon of milk. Furthermore, there is documentation regarding compliance with urine drug screen. Therefore, the currently requested MS Contin (Morphine Sulfate ER) is medically necessary.

Norco10/325mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 76-80.

Decision rationale: Regarding the request for Norco (Hydrocodone/Acetaminophen), Chronic Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is documentation that the medication is reducing the patient's pain from a scale of 8/10 to 4/10, and is helping with her activities of daily living, for example, she is able to lift a gallon of milk. Furthermore, there is documentation regarding compliance with urine drug screen. Therefore, the currently requested Norco (Hydrocodone/Acetaminophen) is medically necessary.

Neurontin 600mg #90 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic drugs (AEDs) Page(s): 16-21.

Decision rationale: Regarding request for Gabapentin (Neurontin), Chronic Pain Medical Treatment Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is documentation of subjective and functional improvement with the use of Neurontin, and the patient does have neuropathic pain relating to chronic neck and lower back pain. As such, the currently requested Gabapentin (Neurontin) is medically necessary.