MAXIMUS Federal Services

Case Number:	CM13-0017041		
Date Assigned:	10/11/2013	Date of Injury:	07/20/2004
Decision Date:	04/17/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/27/2013

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 Physical Medicine and Rehabilitation, 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 patient is a 52-year-old male who reported an injury on 07/20/2004. The mechanism of injury information was not provided in the medical record. The patient's diagnoses include lumbar disc displacement without myelopathy and lumbosacral spondylosis without myelopathy. The most recent clinical note dated 07/25/2013 reveals the patient presented for medication refills. He continued to complaints of pain which he rated 7/10 on pain scale. Objective findings upon examination revealed movements of the neck were restricted with pain, and movements of the neck to the left side were restricted and also painful. It was stated that the patient was on a medication regimen and had not changed essentially in greater than 6 months

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF GABAPENTIN 800MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIEPILEPSY DRUGS, GABAPENTIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIEPILEPSY DRUGS (AEDS) Page(s): 16-19.

Decision rationale: California MTUS Guidelines state that Gabapentin is an anti-epileptic medication that is effective in the treatment of diabetic neuropathy and post-herpetic neuralgia.

There are few trials that are directed at central pain and none for painful radiculopathy. There is insufficient evidence to recommend the use of Gabapentin for or against axial low back pain. There is no documentation in the medical record that provides evidence the patient has any diagnoses of neuropathic pain, diabetic neuropathy or post-herpetic neuralgia. He also continued to have complaints of significant pain with use of the requested medication. As such, the medical necessity for continued use of the medication cannot be determined at this time. The request for 1 prescription of Gabapentin 800 mg #60 is non-certified. While the requested medication does not meet medical necessity based on information presented, it is expected that the ordering provider will follow recommended medication guidelines for safe discontinuation.

1 PRESCRIPTION OF NORCO 10/325MG #120 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ONGOING MANAGEMENT.

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

Decision rationale: Per California MTUS Guidelines with the use of any opioid medication for the treatment of ongoing pain, there should be ongoing documentation and review of pain relief, functional status, appropriate medication use, and side effects to particular medication. There should also be documented pain assessment that provides satisfactory response to treatment that may include decreased pain, increased level of function, or improved quality of life. If there is no significant improvement in functioning and pain, the medication should be discontinued. As such, there is no documentation in the medical record of any significant increase in the patient's functional status or decrease in the patient's pain with the use of the requested medication. The patient has been taking the requested medication for a significant amount of time and continues to have significant complaints of pain and functional restrictions upon assessment. Therefore, the request for 1 prescription of Norco 10/325 mg #120 with 2 refills is non-certified. While the requested medication does not meet medical necessity based on information presented, it is expected that the ordering provider will follow recommended medication guidelines for safe discontinuation.