

Case Number:	CM13-0017355		
Date Assigned:	11/06/2013	Date of Injury:	07/12/2007
Decision Date:	01/30/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/28/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Addiction Medicine, has a subspecialty in Pediatrics and Medical Toxicology and is licensed to practice in Massachusetts and New York. 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 physician 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 37 year old female with a date of injury on 7/12/2007. She has diagnoses of low back pain, chronic stiffness, weakness and bilateral wrist pain. From the medical records submitted, she also has diagnoses including radiculopathy and post laminectomy syndrome. The disputed treatments are Hydrocodone 5/500mg and Gabapentin 300mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5/500mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-85. Decision based on Non-MTUS Citation Long-term use of opioids for complex chronic pain. Best Pract Res Clin Rheumatol. 2013 Oct;27(5):663-72. doi: 10.1016/j.berh.2013.09.011. Epub 2013 Oct 5. Von Korff MR.

Decision rationale: After reviewing the available documents, it is reasonable to conclude that this patient has reached a plateau level with regard to her back pain. The guidelines state that opioids for neuropathic pain are not recommended as first line therapy. Also, there was concern

for a positive urine toxicology test of illicit non-prescribed opioids. Therefore, the requested hydrocodone is not medically necessary

Gabapentin 300mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15-19. Decision based on Non-MTUS Citation Antiepileptic drugs for neuropathic pain and fibromyalgia - an overview of Cochrane reviews. Cochrane Database Syst Rev. 2013 Nov 11;11:CD010567. doi: 10.1002/14651858.CD010567.pub2. Wiffen PJ, Derry S, Moore RA, Aldington D, Cole P, Rice AS, Lunn MP, Hamunen K, H

Decision rationale: This patient seems to be in a plateau and stationary phase with regards to her back pain. Gabapentin is a drug that is mostly used for treating new onset back pain (in short periods) and post herpetic Neuralgia. Clinical trial evidence supported the use of only gabapentin and pregabalin in some neuropathic pain conditions (painful diabetic neuropathy, postherpetic neuralgia, and central neuropathic pain) and fibromyalgia. Also the cochrane review that was done by Whiffen et al, 2005 found no effect of Gabapentin for chronic pain. Therefore, the requested Gabapentin is not medically necessary.