

Case Number:	CM13-0024633		
Date Assigned:	12/11/2013	Date of Injury:	01/10/2002
Decision Date:	01/15/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/16/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 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:

This is a male patient with a date of injury of January 10, 2002. A utilization review determination dated September 3, 2013 recommends non-certification for Neurontin, Norco, and Klonopin. A progress report dated November 20, 2013 identify subjective complaints stating, "discussed treatment with patient, given breakdown above fusion, including revision fusion. Therapy utilized previously. Injections have helped in the form of trigger point injections. The patient has continued pain in the low back. Medications relieve pain. He is happy with surgery." Objective examination identifies, "exam of the lumbar spine reveals a healed surgical incision. A spasm is present. Range of motion is painful and limited. Lasegue Sign is positive bilaterally. Straight leg raise is positive bilaterally at 60°, Tender over L3-4 with range of motion at extremes." Diagnoses include, "status post lumbar fusion, increasing low back pain." Recommendations state, "Continue current medications, Norco 10/325 mg 1 b.i.d., Klonopin 1 mg PO QHS, and Neurontin 600 mg 1 PO b.i.d." A progress report dated July 10, 2013 identifies, "medications do provide significant relief of his low back pain and allow him to function at a capacity that is tolerable. There are no psychosocial red flag symptoms. He has signed a narcotic contract and remains compliant."

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Section Page(s): 16-21.

Decision rationale: Regarding the request for Neurontin, Chronic Pain Medical Treatment Guidelines state that antiepileptic drugs are recommended for narcotic pain. Guidelines go on to state the gabapentin has been shown to be effective for treatment of diabetic peripheral neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Guidelines go on to state that a good response is defined as a 50% reduction in pain and a moderate response is defined as a 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. Within the documentation available for review, it is unclear exactly how much specific analgesic benefit is achieved with the Neurontin. Additionally, there is no documentation of any specific objective functional improvement or discussion regarding side effects. In the absence of clarity regarding those issues, the currently requested Neurontin is not medically necessary.

Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: Regarding the request for Norco, California 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 no identification of specific analgesic effect or specific objective functional improvement as a result of this opiate pain medication. In the absence of such documentation, the currently requested Norco is not medically necessary.

Klonopin 1mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Benzodiazepines.

Decision rationale: Regarding the request for Klonopin, Chronic Pain Medical Treatment Guidelines state that benzodiazepines are not recommended for long-term use. They go on to state the guidelines limit use to 4 weeks. Within the documentation available for review, there is no identification as to why the Klonopin is being prescribed. Klonopin is indicated in the treatment of anxiety disorders and panic attacks. There is no identification that the patient has an anxiety disorder or panic attacks as a result of the work related injury. Additionally, it appears the Klonopin is being used on a long-term ongoing basis, clearly not supported by guidelines. As such, the currently requested Klonopin is not medically necessary.