MAXIMUS Federal Services

Case Number:	CM13-0028237		
Date Assigned:	11/22/2013	Date of Injury:	01/13/2009
Decision Date:	01/22/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/23/2013

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 Pediatrics has a subspecialty in Medical Toxicology and is licensed to practice in 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:

58 yr old patient who was working as a network engineer sustained an injury while lifting computer boxes on 1/13/2009. X ray showed posterior sublaxation of L4. MRI showed a positive schmorls node in t5, t6, t7, t8. MRI showed positive sublaxation on L4-L5 AND L5-S1 Also noted spondylolisthesis on L5-S1 and the patient was treated conservatively with physical therapy, acupunture and also with several injections. The Utilization review on 9/13/13 recommended tapering of Hydrocodone/APAP and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen (Norco) 10/325 mg: 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 Page(s): 74-89. Decision based on Non-MTUS Citation and Von korff MR Long-term Use of Opiods 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.

Decision rationale: The request is not medically necessary. After reviewing the available documents it is reasonable to conclude that patient has reached a plateau level with regard to her

back pain . The California MTUS guidelines (page 82) recommends that opioids for neuropathic pain is not recommended as first line therpay. Some modifications in the indication has been documented in the MTUS guideline such as treatment of cancer pain etc. But patients present documented clinical situation does not indicate such medical condition.Also patient had laminectomy and injection therapy. Also as per the document, there is no documentation of sustained response to previous opiods (Narco 10/325 mg) ; documented that the pain decreased from 9.2 to 7.5, but there is no mention of any positive response to activities of daily living

Gabapentin (Neurotonin) 100 mg: 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 Page(s): 15-27. Decision based on Non-MTUS Citation , Wiffen PJ, Derry S, Moore RA, Aldington D, Cole P, Rice AS, Lunn MP, Hamunen K, Haanpaa M, Kalso EA. Antiepileptic drugs for neuropathic pain and fibromyalgia - an overview of Cochrane reviews. Cochrane Database Syst Rev. 2013 Nov 11;11:CD010567. doi: 10.1002/14

Decision rationale: The request is not medically necessary. The 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. Only a minority of people achieved acceptably good painrelief with either drug, but it is known that quality of life and function improved markedly with the outcome of at least 50% pain intensity reduction. Also the review that was done by Whiffen at al, 2005 found no effect of Gabapentin for chronic pain.