

Case Number:	CM13-0035705		
Date Assigned:	12/13/2013	Date of Injury:	01/19/2011
Decision Date:	02/12/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/17/2013

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 Medicine 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:

The injured worker is a 68-year-old male with a date of injury of January 19, 2011. The patient carries a diagnosis of lumbosacral sprain, lumbar radiculopathy, and lumbosacral disc injury with 3 mm disc bulge at the level of L4 five and 3 mm disc bulge at the level of L3 for affecting the L4 nerve roots. Clinical examination documented decrease lumbosacral range of motion and positive straight leg raise testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Overturned

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

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

Decision rationale: The requesting healthcare provider specified in a note dated November 15, 2013, that the injured worker is obtaining significant pain control from Norco and that it has allowed him to function and perform self-care activities. There is no documentation of adverse effects of narcotic medication, and the patient is aware of the possible side effects of pain medications. There is documentation that the patient had urine drug testing on June 7, 2013, that

was positive for hydrocodone. This demonstrates compliance with narcotic pain medications. The patient also continues on non-narcotic modalities such as a TENS unit, naproxen, and gabapentin. Given the documentation of functional benefit, analgesic benefit, lack of side effects, and compliant behavior, the request for Norco is medically necessary and appropriate.

Neurontin 300mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Gabapentin Page(s): 18-19.

Decision rationale: In the case of this injured worker, there is clear documentation of lumbar radiculopathy. Although gabapentin (Neurontin) is not FDA indicated for lumbar radiculopathy, this is a form of neuropathic pain and evidence-based guidelines recommend gabapentin as an option. The submitted documentation indicates that the patient receives benefit from the use of gabapentin. Therefore, the requested Neurontin is medically necessary and appropriate.