MAXIMUS Federal Services

Case Number:	CM13-0043038		
Date Assigned:	12/27/2013	Date of Injury:	04/01/2004
Decision Date:	04/29/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/21/2013

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 in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 56-year-old female who reported an injury on 04/01/2004. The mechanism of injury was not submitted. The patient was diagnosed with chronic neck pain, status post laminectomy cervical spine on 03/22/2011, cervical radiculopathy and chronic pain syndrome. The patient complained of pain to the neck and bilateral arms. The patient rated her pain at 4-6/10. The patient also reported numbness, tingling and burning traveling down the bilateral upper extremities, left greater than right. The patient continued to have some electrical sensation at the posterior surgical site. The patient had a cervical epidural steroid injection at C5, C6 and C7 nerve roots on 05/28/2010. The patient did not recall the exact benefits of the injection. Medications included Norco, Elavil, Prilosec, Norflex and gabapentin. The physical examination revealed tenderness to palpation over the cervical spine extending into the bilateral trapezius region with spasms appreciated. The patient's range of motion was decreased in all planes. The patient had diminished sensation at C6, C7 and C8 dermatomes. Lower exam revealed 5-/5 strength in the bilateral upper extremities. The patient was recommended hydrocodone/APAP 10/325 mg #135 and gabapentin 400 mg with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF HYDROCODONE/APAP 10/325MG #135: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid on-going management Page(s): 78.

Decision rationale: CA MTUS states 4 domains have been proposed as the most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. The patient complained of pain to the neck; however, the clinical documentation submitted for review does not show a decrease in the patient's pain or an increase in the patient's function. Given the lack of documentation to support guideline criteria, the request is non-certified.

1 PRESCRIPTION OF GABAPENTIN 400MG WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin, Anti-Epilepsy Drugs (AEDs)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16,18.

Decision rationale: CA MTUS states antiepileptic drugs are recommended for neuropathic pain due to nerve damage. There are a few RCTs directed at central pain and none at painful radiculopathy. Although the guidelines recommend Gabapentin for neuropathic pain, the documentation does not show the efficacy of the medication. Also, the request is for Gabapentin with 1 refill. The medication cannot be authorized for more than a 30 day supply without evidence of efficacy. Given the lack of documentation to support guideline criteria, the request is non-certified.