

Case Number:	CM13-0048775		
Date Assigned:	12/27/2013	Date of Injury:	10/09/2012
Decision Date:	04/28/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/06/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 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 35-year-old male who reported an injury on 10/09/2012 due to a fall off a ladder which reportedly caused injury to his low back. The patient's injury was complicated by a gunshot wound to the low back in 04/2013. Treatment history has included multiple medications and trigger point injections. The patient's most recent clinical evaluation noted that the patient was on gabapentin, Norco, Cymbalta, and omeprazole. It is documented that the patient had pain levels rated at a 7/10 with medications that increased to a 9/10 without medications. It was noted that the patient's pain medication regimen allowed the patient to remain functional, and with medications the patient would mostly be sedentary. Physical findings included restricted range of motion secondary to pain with moderate tenderness and spasming in the right paralumbar musculature, positive twitch responses. It was noted that the patient had positive straight leg raising tests bilaterally in the L4, L5, and S1 dermatomal patterns on the right side with hypoesthesia noted over the distribution of the right L5-S1 nerve root. The patient's diagnoses included acute exacerbation of low back pain, depression and anxiety, gastritis secondary to medication usage. The patient's treatment plan included an epidural steroid injection, trigger point injections, and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 600 MG, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIEPILEPSY DRUGS Page(s): 16.

Decision rationale: The requested gabapentin 600 mg #90 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does support the use of anti-epileptic drugs as first-line medications. The clinical documentation indicates that the patient has been on this medication since at least 08/2013. It is noted that the patient has a reduction in pain and an increase in functional capabilities as a result of the patient's medication schedule. Therefore, continued use would be supported. However, the request as it is written does not clearly define frequency of treatment. Therefore, the appropriateness of this medication cannot be determined. As such, the requested Gabapentin 600 mg #90 is not medically necessary or appropriate.

NORCO 7.5/325 MG, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ON-GOING MANAGEMENT Page(s): 78.

Decision rationale: The requested Norco 7.5/325 mg #120 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documentation of functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the patient has been on this medication since at least 12/2012. It is also documented that the patient does have pain relief and an increase in functional capabilities secondary to the patient's pain medication schedule. However, there is no documentation that the patient has been monitored for aberrant behavior. Therefore, continued use of this medication would not be supported. Additionally, the request as it is written does not provide a frequency of treatment. Therefore, the appropriateness of this medication cannot be determined. As such, the requested Norco 7.5/325 mg #120 is not medically necessary or appropriate.