

Case Number:	CM13-0049765		
Date Assigned:	12/27/2013	Date of Injury:	05/22/2003
Decision Date:	08/20/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/08/2013

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 Orthopedic Surgery 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 claimant is a 55 year old female with industrial injury 5/22/03. Exam note 9/6/13 demonstrates report of treatment for chronic low back pain. Examination demonstrates tenderness over the paravertebral muscles and lumbosacral junction with positive straight leg raise testing noted. Diagnosis of lumbar spine sprain with left lower extremity radiculitis, dermatological complaints, psychiatric complaints. Status post lumbar fusion L4-S1 in 2008 and status post rhizotomy at L5/S1 on 9/2004. Prior certification is noted in the record for certification for Norco 10/325 #120 for same time period. Prior certification noted in the record for certification for Neurontin 600 mg #60 for same time period.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Classification, Short acting/long acting opioids.

Decision rationale: Claimant meets the Chronic Pain Medical Treatment Guidelines for Norco as requested. The claimant has chronic pain and per the Chronic Pain Medical Treatment

Guidelines, the claimant has been receiving the prescription from one provider with maintained pain and function per the exam note from 9/6/13. Prior certification is noted in the record for certification for Norco 10/325 #120 for same time period. Duplicate requests for Norco however is not within the guidelines. Therefore not medically necessary.

NUERONTIN 600 MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin(Gabapentin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs, Gabapentin Page(s): 18.

Decision rationale: Claimant meets Chronic Pain Medical Treatment Guidelines for Neurontin based upon neuropathic pain and straight leg raise testing. Prior certification noted in the record for certification for Neurontin 600 mg #60 for same time period. Duplicate requests for Neurontin are not within guideline recommendation. Therefore not medically necessary.