

Case Number:	CM13-0057709		
Date Assigned:	12/30/2013	Date of Injury:	05/13/2010
Decision Date:	03/26/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/25/2013

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 Family Practice, 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 patient is a 42 year old female who sustained lumbar and cervical spine injuries on 5/13/09 and 5/13/10. An MRI of the spine showed neuroforaminal stenosis at L4-L5, and bulging discs at C5-C6. Her diagnoses included cervical strain with disc bulging, thoracic radiculopathy, right shoulder impingement, lumbar radiculopathy, lumbar stenosis, right knee meniscal tear, and left knee derangement. She was given Carisoprodolol for muscle spasms, Gabapentin for neuropathic pain, and Butrans patches and Norco for pain. The claimant has been on these medications for over a year. An examination on 10/7/13 noted 7/10 pain with medications versus 9/10 without. The pain level response is essentially unchanged for over a year.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Gabapentin 300mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: According to the MTUS guidelines, Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia. It has been

considered a first-line treatment for neuropathic pain. The recommended trial period is 3-8 weeks for titration, then 1-2 weeks at the maximum tolerated dosage. The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggest that if inadequate control of pain is found, a switch to another first-line drug is recommended. Combination therapy is only recommended if there is no change with first-line therapy, with the recommended change being at least 30%. In this case, the claimant does not have the state conditions approved for Gabapentin use. Furthermore, the treatment duration was longer than recommended. The request is noncertified.

4 Butrans 5mcg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27.

Decision rationale: Buprenorphine (Butrans) is used for the treatment of opioid addiction or for chronic pain after detoxification of opioid use. Its use as a patch has been recommended due to the advantages of no analgesic ceiling, good safety profile, and ability to suppress opioid withdrawal. In this case there is no mention of opioid addiction or need for opioid detoxification. As a result, the use of Butrans patches is not medically necessary. The request is noncertified.

120 Norco 10/325mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS, it is not indicated as a first-line therapy for neuropathic pain or chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis or for short-term use. Long-term use has not been supported by any trials. In this case, the claimant has been on Norco for a year with no improvement in pain scale. The continued use of Norco is not medically necessary. The request is noncertified.