

Case Number:	CM13-0072048		
Date Assigned:	01/08/2014	Date of Injury:	06/07/2007
Decision Date:	06/10/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/30/2013

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 & Rehabilitation 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 injured worker is a 65-year-old male who reported an injury on 06/07/2007 secondary to a fall. Current diagnoses include low back pain, lumbar radiculopathy, status post left carpal tunnel release, status post left ulnar nerve decompression, status post right shoulder surgery, and history of elevated LFTs. The injured worker was evaluated on 12/18/2013. The injured worker reported ongoing lower back pain with bilateral lower extremity pain. It is noted that the injured worker was issued a prescription for Norco 5/325 mg and Neurontin 100 mg in 11/2013, which the patient is not currently utilizing. Physical examination revealed tenderness in the bilateral paralumbar musculature with restricted range of motion and positive straight leg raising. Treatment recommendations included additional prescriptions for Norco 5/325 mg and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) PRESCRIPTION OF GABAPENTIN 100MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

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

Decision rationale: The MTUS Chronic Pain Guidelines state anti-epilepsy drugs are recommended for neuropathic pain. The injured worker does report lower back pain with bilateral lower extremity radiculopathy. However, there is no frequency listed in the current request. Therefore, the request is not medically appropriate. As such, the request is not medically necessary and appropriate.

ONE (1) PRESCRIPTION OF NORCO 5/325MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The MTUS Chronic Pain Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The patient has previously failed treatment with acetaminophen. However, there is no evidence of a written consent or pain agreement as recommended by the MTUS Chronic Pain Guidelines. There is also no frequency listed in the current request. Therefore, the request is not medically necessary and appropriate.