

Case Number:	CM14-0003355		
Date Assigned:	01/31/2014	Date of Injury:	07/07/2010
Decision Date:	06/20/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/09/2014

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 Occupational Medicine 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:

This is a 54 year old female with a 7/7/10 date of injury. She was most recently seen on 11/13/13 complaining of neck pain with radiation to the upper extremities bilaterally, 2/10 on VAS with medications and 6/10 without. Exam findings revealed tenderness over L4-S1 with limited range of motion secondary to pain. The diagnosis is Cervical disc degeneration, facet arthropathy, lumbar disc displacement, and chronic pain. MRI of the cervical spine dated 8/10/11 showed degenerative disc disease and uncovertebral joint arthrosis at C5/6 and C6/7 causing mild bilateral foraminal narrowing. MRI of the L spine on 8/10/11 revealed possible nerve root impingement at L3/4 or L4/5 but no discrete impingement was identified.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 5/325MG TAB, 1 TAB EVERY 8 HOURS PRN FOR PAIN #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as

directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient was noted to be on #45 of Norco as of 1/8/14 and on gabapentin and was noted to have opiate dependence. Yoga and acupuncture were discussed as other conservative treatment options for pain on that visit. As the patient's medications were already certified, the current request for Norco 5/325mg #90 was not medically necessary.

GABAPENTIN 100MG CAPSULE, 1 CAP 2X DAILY, #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines states that gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The patient has complaints of neuropathic type pain and in January of 2014 the patient was weaned off her Norco from #90/month to #45 with the help of her gabapentin 100 mg BID. However, the prior UR decision modified her gabapentin to 100 mg #40. The patient has neuropathic pain complaints and gabapentin is an appropriate medication for this patient. In addition, this medication is helping the patient to wean off her opiates. Therefore, the request for gabapentin 100mg #60 was medically necessary.