

Case Number:	CM14-0004005		
Date Assigned:	01/31/2014	Date of Injury:	03/08/2011
Decision Date:	06/20/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/10/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Texas. 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 48 year old male who sustained an injury on 03/08/11 while attempting to hold on to heavy objects. He was incapable of performing this activity and fell to the ground with the heavy objects landing on top of him. The claimant had prior inguinal hernia repair in June of 2011. It appeared the claimant also had subsequent inguinal hernia repairs in 08/2012 and 09/2013. Toxicology results from January 2013 were negative for any substances. The clinical record from 05/06/13 noted that the patient continued to have severe chronic neck, back and knee pain. The patient reported limited benefits from Tramadol but was concerned regarding becoming addicted to pain medications. The patient reported sparing use of Norco with better benefits than Tramadol. Other medications included Lisinopril, Theramine and Neurontin. On physical examination there was limited range of motion in the cervical spine. Straight leg raise was positive to the right. There was tenderness to palpation and loss of lumbar range of motion. There was some decreased strength in the right elbow and decreased plantar flexion in the right foot. Some sensory loss was present in the right C6 and C7 distribution and right L5 distribution. An updated evaluation from 01/27/14 stated that the patient was receiving good benefits from both Neurontin and Norco. The claimant reported to be functional with 60-70% pain reduction for two to four hours with Norco. The claimant was able to perform normal activities of daily living with these medications. On physical examination there continued to be tenderness to palpation in the lumbar spine with pain on range of motion. Straight leg raise was positive to the right. The patient was able to reproduce symptoms with extension of the neck and low back. Currently the patient is taking Norco 7.5/325mg twice daily and Neurontin 300mg three times daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEURONTIN 300 MG CAPSULE # 180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIEPILEPTICS Page(s): 16-22.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, state, "criteria for use of opioids long-term users of opioids (6-months or more) 1) re-assess (a) Has the diagnosis changed? (b) What other medications is the patient taking? Are they effective, producing side effects? (c) What treatments have been attempted since the use of opioids? Have they been effective? For how long? (d) Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. (e) Document adverse effects: constipation, nausea, vomiting, headache, dyspepsia, pruritis, dizziness, fatigue, dry mouth, sweating, hyperalgesia, sexual dysfunction, and sedation. (f) Does the patient appear to need a psychological consultation? Issues to examine would include motivation, attitude about pain/work, return-to-work, social life including interpersonal and work-related relationships. (g) Is there indication for a screening instrument for abuse/addiction." The patient was switched from Tramadol to Norco due to the ineffectiveness of Tramadol. As of January 2014 the patient reported 60-70% relief of symptoms with this medication. The patient felt that he was able to perform his normal activities of daily living with this medication. No side effects or other aberrant medication issues were noted. Given the above the request for Norco 7.5-325 mg, tablet # 90 is medically necessary and appropriate.

NORCO 7.5-325 MG TABLET # 90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIATES, CRITERIA FOR USE Page(s): 88-89.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, "Gabapentin (Neurontin[®] 1/2, Gabarone[®] 1/2, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. This RCT concluded that gabapentin monotherapy appears to be efficacious for the treatment of pain and sleep interference associated with diabetic peripheral neuropathy and exhibits positive effects on mood and quality of life. It has been given FDA approval for treatment of post-herpetic neuralgia. The number needed to treat (NNT) for overall

neuropathic pain is 4." The patient presented with objective findings consistent with a chronic lumbar radiculopathy. There was motor weakness; and sensory deficits and a positive straight leg raise findings to the right, indicative of lumbar radiculopathy. Neurontin was a first line recommended medication in the treatment of neuropathic pain. Therefore, the request for Neurontin 300 mg capsule # 180 is medically necessary and appropriate.