MAXIMUS Federal Services

Case Number:	CM14-0005076		
Date Assigned:	02/05/2014	Date of Injury:	01/10/2012
Decision Date:	08/06/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/14/2014

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 Physical Medicine and Rehabilitation, 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 59 year old male injured on 01/10/12 due to an undisclosed mechanism of injury. The current diagnoses include discogenic lumbar condition with disc disease at multiple levels, depression, sleep disorder, sexual dysfunction, and headaches. The clinical note dated 12/16/13 indicates the injured worker presented complaining of persistent mid and low back pain with radiation down the extremity and associated numbness and tingling. The injured worker reports muscle spasms, stiffness, and tightness with limited ability to perform chores in the residence secondary to pain. Physical assessment reveals tenderness along the thoracic and lumbar paraspinal muscles bilaterally, decreased lumbar range of motion, positive straight leg raise bilaterally, ability to stand on both toes and heels, and antalgic gait. The clinical note dated 01/16/14 indicates the injured worker reports with medications the ability to be functional and perform chores around the house and manage pain at a comfortable level. The injured worker reports pain at 7/10 without medication and 2-3/10 with medication. Current medications include Vicodin 5/500mg, Mirtazapine 15mg, Naproxen 550mg and Gabapentin 600mg. The treatment plan includes a back brace, hot/cold therapy, and transcutaneous electrical nerve stimulation unit use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/500mg, #90 with 1 refill: 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 Criteria for Use of Opioids Page(s): 77.

Decision rationale: There is documentation regarding the functional benefits and functional improvement obtained with the use of narcotic medications. However, as of January 2014, the Food and Drug Administration recommends health care professionals discontinue prescribing and dispensing prescription combination drug products with more than 325 mg of acetaminophen to reduce the risk of severe liver injury from inadvertent acetaminophen overdose. As such, Vicodin 5/500mg, #90 is not medically necessary.

Gabapentin 600mg, #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Gabapentin (Neurontin) Page(s): 49.

Decision rationale: As noted on page 49 of the Chronic Pain Medical Treatment Guidelines, current guidelines recommend Gabapentin for the treatment of neuropathic pain. The clinical documentation establishes the presence of objective findings consistent with neuropathy. As such, the request for Gabapentin 600mg, #90 is recommended as medically necessary.