

Case Number:	CM14-0007143		
Date Assigned:	02/07/2014	Date of Injury:	02/07/2002
Decision Date:	06/23/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/19/2014

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, 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 patient is a 54-year-old female with a 2/7/02 date of injury. Her subjective complaints include neck pain that radiates to the left upper extremity with difficulty in activities of daily living, and objective findings include antalgic gait, reduced range of motion in the lumbar spine due to pain, tenderness to the L4-S1 region, and spinal vertebral tenderness. The current diagnoses are lumbar radiculopathy, lumbar failed surgery syndrome, left sacroiliac joint pain, and chronic pain, and treatment to date has been medications including Neurontin and Norco. The medical records provided for review state that the patient has a pain contract.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEURONTIN 300MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTI-EPILEPSY DRUGS,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , GABAPENTIN (NEURONTIN), 18-19

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines states that Neurontin (Gabapentin) may be recommended with documentation of neuropathic pain. The MTUS guidelines further state that any treatment intervention should be discontinued in the absence of functional benefit or improvement, identified as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, lumbar failed surgery syndrome, left sacroiliac joint pain, and chronic pain. In addition, there is documentation of neuropathic pain. Furthermore, there is documentation of prescriptions for Neurontin since at least 1/17/13. However, there is no documentation of functional benefit or improvement. As such, the request is not medically necessary.

NORCO 10/325MG #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , OPIOIDS, 74-80

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be recommended with documentation that the prescriptions are from a single practitioner and are taken as directed, that the lowest possible dose is being prescribed, and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The MTUS guidelines further state that any treatment intervention should be discontinued in the absence of functional benefit or improvement, identified as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, lumbar failed surgery syndrome, left sacroiliac joint pain, and chronic pain. In addition, there is documentation that the prescriptions are from a single practitioner and are taken as directed, that the lowest possible dose is being prescribed, and that there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient has been prescribed Norco since at least 9/9/12, but there is no documentation of functional benefit or improvement. As such, the request is not medically necessary.