

Case Number:	CM14-0008768		
Date Assigned:	02/12/2014	Date of Injury:	09/14/2009
Decision Date:	06/24/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/23/2014

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 Orthopaedic Surgery 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 51-year-old female injured on September 14, 2009. The mechanism of injury is not specified. The current diagnoses listed include lumbar degenerative disc disease and abnormal gait. The pain is described by the injured worker as aching and dull. The medications Norco and Neurontin are being employed. A radiofrequency ablation of multiple lower lumbar levels is noted. The physical examination noted this 5'4" 177 pound individual to be borderline hypertensive. A decrease in lumbar spine range of motion is reported. The diagnosis is listed as degenerative disc disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 600MG QTY #90: Overturned

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, ANTIEPILEPSY DRUGS (AEDS),

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

Decision rationale: There are clear indicators of a neuropathic lesion causing a radiculopathy and would support the use of this medication. Therefore, based on the parameters listed in the

California Medical Treatment Utilization Schedule (CAMTUS) guidelines, the request for gabapentin is medically necessary.

NORCO 10/325 QTY #90: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: When considering the date of injury, the constant use with no reported increase in functionality or return to work, and the California Medical Treatment Utilization Schedule (CAMTUS) guidelines, there is incomplete clinical information presented to support the ongoing use of this narcotic medication. Therefore this is not medically necessary.

FLEXERIL 10MG #60: 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, MUSCLE RELAXANTS (FOR PAIN),

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 29 of 127.

Decision rationale: The use of muscle relaxant type medications is not supported indefinitely by California Medical Treatment Utilization Schedule (CAMTUS) guidelines. At most, periodic, short-term interventions would be indicated. Therefore, based on the ongoing complaints of pain and lack of significant improvement, there is no clinical indication for this preparation.