

Case Number:	CM14-0110807		
Date Assigned:	09/19/2014	Date of Injury:	05/12/1991
Decision Date:	10/23/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/16/2014

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 & Rehabilitation, has a subspecialty in Pain Management 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 57-year-old female who reported an injury on 05/12/1991 caused by an unspecified mechanism. The injured worker's treatment history included medications, MRI studies, surgery, and TENS unit. The injured worker was evaluated on 07/08/2014 and it was documented that injured worker complained of bilateral low back pain radiating to the bilateral anterolateral and posterior thigh, bilateral anterolateral and posterior calf, and bilateral big toe with numbness and paresthesia. The injured worker's Norco and gabapentin had been modified and denied. The injured worker reports increased pain without these medications and the injured worker has only been able to leave her house once in the past week due to increased pain. The injured worker rates her pain at 8/10 to 9/10 on the Visual Analog Scale. The injured worker reports being unable to drive due to increased pain. Physical examination revealed a well healed scar at the site of spinal cord stimulator incision that was clean, dry, and intact. There was no discharge, edema, or erythema. There was tenderness upon palpation of proximal IPG site. Lumbar range of motion was restricted by pain in all directions. Lumbar discogenic provocative maneuvers were positive. Right sacroiliac joint provocative maneuvers, Patrick's, Gaenslen's and tenderness at sacral sulcus, were positive. Nerve root tension signs were negative bilaterally, except for positive right straight leg raise, right sitting root, and right Lasegue's sign. Muscle stretch reflexes were symmetric bilaterally in the lower extremities. Clonus, Babinski's and Hoffmann's signs was absent bilaterally. Muscle strength was 5/5 in the left lower extremity and 4/5 in the right lower extremity except, for 3/5 in the right tibialis anterior. Sensation was intact to light touch, pinprick, proprioception, and vibration in the left extremity was decreased to all modalities in the L4-5 dermatomes of the right lower extremity. Tandem walking was within normal limits and reduced balance in heel to toe walking with an antalgic gait and heel walking recreated low back pain. Diagnoses included status post fluoroscopically guided right sacroiliac

joint radiofrequency nerve ablation, status post positive fluoroscopically guided diagnostic right sacroiliac joint injection, right sacroiliac joint pain, status post percutaneous permanent spinal cord stimulator implant, failed back syndrome, right L4 radiculopathy with lower extremity weakness, right L5 radiculopathy with lower extremity weakness, postsurgical changes in L4-5 fusion, and disc protrusion at L5-S1 measuring 2 mm with central stenosis and diabetes. Medications included Neurontin 300 mg, Norco 10/325 mg, Robaxin 500 mg, Clinoril 150 mg, metformin, estradiol, HCTZ, and losartan. Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription for Norco 10/325mg, #90.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Opioid Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was no urine drug screen submitted indicated opioid compliance for the injured worker. There was lack of documentation of long-term functional improvement for the injured worker. The request submitted for review failed to include frequency and duration of medication. Given the above, the request for one prescription for Norco 10/325mg, #90 is not medically necessary.

One prescription for Gabapentin 300mg, #90.: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that Gabapentin is an ant epilepsy drug (AEDs, also referred to as anticonvulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first line treatment for neuropathic pain. In addition, the request did not include frequency or duration of the medication. The provider noted gabapentin is medically necessary to treat the injured worker's bilateral neuropathic pain to the bilateral lower extremity that she suffers from failed back syndrome that is chronic despite the injured worker's spinal cord stimulator. Within the documentation submitted there was a diagnosis of

diabetes mellitus; however, the request lacked frequency and duration of medication. As such, the request for one prescription for Gabapentin 300mg, #90 is not medically necessary.