

Case Number:	CM14-0111031		
Date Assigned:	09/19/2014	Date of Injury:	02/25/2010
Decision Date:	10/21/2014	UR Denial Date:	07/02/2014
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, and is licensed to practice in California & Washington. 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 46-year-old male who reported an injury on 02/25/2010. He reportedly got injured when running down stairs. On 07/20/2014, the injured worker presented with pain located in the lumbar region radiating down the bilateral legs, with the right side affected primarily. Upon examination, there was tenderness with lateral compression of the bilateral sacroiliac joint, positive hop thrust, Gaenslen's test, and Yeoman's test, and negative bilateral straight leg raise. Current medications included Norco and gabapentin. The diagnoses were lower back pain, postlaminectomy syndrome of the lumbar spine, pain in the leg, chronic pain syndrome, sacroiliitis and spinal enthesopathy. The provider recommended Norco and gabapentin. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, Page(s): 78..

Decision rationale: The request for Norco 10/325 #180 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guideline state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effect should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug use, behaviors, and side effects. Additionally, the efficacy of the prior use of the medication was not provided. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

Gabapentin 400mg #90: 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 Antiepilepsy Drugs (AEDs), Page(s): 16-22.

Decision rationale: The request for Gabapentin 400mg #90 is not medically necessary. The California MTUS Guidelines recommend gabapentin for diabetic painful neuropathy and postherpetic neuralgia and it has been considered as a first-line treatment for neuropathic pain. After initiation of treatment, there should be documentation of pain relief and improvement of function, as well as documentation of side effects incurred with use. The continued use of AEDs depend on improved outcomes versus tolerability of adverse effects. The efficacy of the prior use of the medication was not documented. The provider's rationale was not provided. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.