

Case Number:	CM14-0127086		
Date Assigned:	08/13/2014	Date of Injury:	09/15/2000
Decision Date:	09/16/2014	UR Denial Date:	07/26/2014
Priority:	Standard	Application Received:	08/11/2014

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, has a subspecialty in Interventional Spine 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 55-year-old female with date of injury of 09/15/2000. The listed diagnoses dated 06/30/2014 are: 1. Lumbar disk displacement without myelopathy. 2. Lumbar radiculopathy. 3. Degenerative disk disease of the lumbar spine. According to this report, the patient complains of low back pain. She is taking Norco, Soma, and Neurontin. She states that these are medically necessary for her to perform her daily functions. She tolerates the medications well with little to no side effects. The patient reports that without medications her pain level is from 8/10 to 9/10 and with medications, it is 1/10. The medications prescribed are keeping the patient functional, allowing for increased mobility and tolerance of activities of daily life (ADLs) and home exercises. No side effects were reported. The physical exam shows the patient is well nourished in no acute distress. Deep tendon reflexes in the lower extremities are decreased but equal. There is tenderness to palpation at the L4-L5 levels. There is right-sided paravertebral tenderness noted in the lumbar spine. Straight leg raise is positive on the right. The patient's gait is antalgic. There is decreased right L3, decreased right L4, and decreased right L5 sensation to pinprick. Online CURES is current and concordant. The utilization review denied the request on 07/26/2014

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg Qty 60 Refills 3: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin and Pregabalin Page(s): 18-19.

Decision rationale: This patient presents with lower back pain. The treater is requesting Neurontin 300 mg. The MTUS Guidelines page 18 and 19 states that gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia, and has been considered as a first line treatment for neuropathic pain. MTUS page 60 states that for medications used for chronic pain, efficacy in terms of pain reduction and functional gains must also be documented. The records show that the patient has been prescribed Neurontin since January 2013. The progress report dated 06/30/2014 notes that the patient's current list of medications is necessary for her to perform her daily functions. She is able to tolerate the medications well with little to no side effects. In addition, her medications are keeping her functional, allowing for increased mobility and tolerance of ADLs and home exercises. No side effects were associated with these. In this case, MTUS recommends the use of Neurontin as the first line treatment for neuropathic pain and the treater has documented medication efficacy and functional improvement while utilizing this medication. The request is medically necessary.

Norco 10/325mg Qty 36 Refills 3: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: This patient presents with lower back pain. The treater is requesting Norco 10/325 mg quantity #36. The MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The records show that the patient has been prescribed Norco since January 2013. The progress report dated 06/30/2014 notes that the patient's medications are medically necessary for her to perform her daily functions. She tolerates the medications well with little to no side effects. She reports her average pain without medication 8/10 to 9/10 and with medications 1/10. The medications prescribed are keeping the patient functional, allowing for increased mobility and tolerance of ADLs and home exercises. In addition the patient's CURES report is current and concordant. The request is medically necessary.

Urine drug screen: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines have the following regarding Urine Drug Screen.

Decision rationale: The treater is requesting a urine drug screen. The MTUS Guidelines do not specifically address how frequent urine drug screen should be obtained for various risk opiate users; however, ODG Guidelines provided a clear guideline. For low risk opiate users, a yearly urine drug screen is recommended following the initial screening within the first 6 months. The 24 pages of records do not show any current urine drug screen report to verify adherence to prescribed medications. The UR denied the request stating that the original request for the Norco was modified for weaning. In this case, MTUS allows a yearly urine drug screen for low risk opiate users and the requested UDS is within guidelines. The request is medically necessary.