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| Case Number: | CM14-0139170 | | |
| Date Assigned: | 10/06/2014 | Date of Injury: | 07/31/2007 |
| Decision Date: | 11/07/2014 | UR Denial Date: | 08/15/2014 |
| Priority: | Standard | Application Received: | 08/28/2014 |

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, low back, and shoulder pain reportedly associated with in industrial injury of August 31, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; adjuvant medications; and various interventional procedures involving the lumbar spine. In a Utilization Review Report dated August 15, 2014, the claims administrator approved a medial branch block while partially approving/conditionally approving requests for Norco and gabapentin. The applicant's attorney subsequently appealed. In an August 7, 2014 progress note, the applicant reported persistent complaints of low back, neck, and shoulder pain. The applicant was currently on Neurontin, Tylenol, Desyrel, and Valium, it was stated. The applicant was working as a senior clerk without restrictions. At the bottom of the report, the applicant was given refills of Norco and Neurontin. It was stated that the applicant was returned to regular duty work in one section of the note while another section of the note stated that the applicant had been off of work since March 2014 owing to nonindustrial concerns. The applicant was smoking and did have issues with COPD, it was incidentally noted. The attending provider did not quantify any decrements in pain, nor did the attending provider outline any material improvements in function achieved with medication consumption.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 with 3 refills QTY: 480: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work and has apparently been off of work for five to six months, although it is acknowledged that this may be a function of the applicant's issues with COPD and pneumonia as opposed to the applicant's industrial injury. In any case, the attending provider has, it is further noted, failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Norco usage. Therefore, the request is not medically necessary.

Gabapentin 300mg #90 with 3 refills QTY: 360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin section Page(s): 19.

Decision rationale: As noted on page 18 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function with the same. In this case, however, the applicant is off of work. Ongoing usage of gabapentin has failed to curtail the applicant's dependence on opioid agents such as Norco. The attending provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing gabapentin usage. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of gabapentin. Therefore, the request is not medically necessary.

Gabapentin 100mg #90 with 3 refills QTY: 360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin section Page(s): 19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as a result of the same. In this case,

however, the applicant is off of work. Ongoing usage of gabapentin has failed to curtail the applicant's dependence on opioid agents such as Norco. The attending provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing gabapentin usage. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request is not medically necessary.