

Case Number:	CM14-0166468		
Date Assigned:	10/13/2014	Date of Injury:	01/27/2000
Decision Date:	11/17/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/09/2014

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 low back pain reportedly associated with an industrial injury of January 27, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; earlier lumbar laminectomy surgery; multiple epidural steroid injections; and unspecified amounts of physical therapy over the course of the claim. In a September 29, 2014 Utilization Review Report, the claims administrator retrospectively denied a request for gabapentin and Norco. The applicant's attorney subsequently appealed. In a March 18, 2014 progress note, the applicant stated that his medications were allowing him to provide child care to his 15-month-old granddaughter. The applicant reported 8/10 pain with medications versus 5/10 pain without medications. The applicant's medications at this point included Cymbalta, Mobic, Norco, Flexeril, Neurontin, Pamelor, Zocor, amlodipine, benazepril, aspirin, glipizide, hydrochlorothiazide, metformin, and Tricor. The applicant's BMI was 30, it was acknowledged. It was stated that the applicant was walking up to half a mile daily for exercise purposes. It was stated that the applicant was stable on Norco, Neurontin, Flexeril, Mobic, and Cymbalta, all of which were apparently refilled. In a progress note dated September 9, 2014, the applicant reported 9/10 pain without medications versus 3/10 pain with medications. The applicant stated that he was distressed over his medication denial and stated he needed his medications to live his life. The applicant was diabetic, it was acknowledged. The applicant's BMI was 30. The attending provider stated that the applicant's usage of Norco was diminishing his pain scores from 7+/10 to 4 to 5/10 and proving up to 4 hours of pain relief daily. It was stated that the applicant was using no more than five tablets of Norco daily. It was also stated that Neurontin was attenuating the applicant's lower extremity radicular complaints. It was stated that the applicant was able to cook, clean, and perform household chores with medications and was,

furthermore, able to perform home exercises, including walking up to an half a mile a day. Norco and Neurontin were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin (brp) 300mg 2 capsules 3x/day for nerve pain Qty: 180: Overturned

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

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, the applicant is apparently able to perform home exercises, walk up to half a mile a day, care for his young granddaughter, cook, clean and care for himself through ongoing medication usage, including ongoing gabapentin usage, the attending provider has posited. The attending provider has specifically stated that gabapentin has proven effective in attenuating the applicant's lower extremity radicular complaints. Continuing the same, on balance, is therefore indicated. Therefore, the request is medically necessary.

Norco (brp) 10/325mg #120; 1 every 4-6 hours as needed (max 5/day) Qty: 120: Overturned

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 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, the applicant has posited that his pain scores have been appropriately reduced through ongoing Norco usage. The applicant and/or attending provider have posited that his ability to perform household chores, care for family members, socialize with others, perform home exercises, walk up to half a mile a day, etc., have all been ameliorated as a result of ongoing Norco usage. Continuing the same, on balance, is therefore indicated. Therefore, the request is medically necessary.