

Case Number:	CM14-0166693		
Date Assigned:	10/13/2014	Date of Injury:	06/01/2007
Decision Date:	11/13/2014	UR Denial Date:	09/19/2014
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 Geriatrics and is licensed to practice in New York. 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 67 year old man with a date of injury of 6/1/07. He was seen by his physician on 8/28/14 with complaints of bilateral low back pain with left lower extremity radicular pain. His exam showed lumbar range of motion which was restricted by pain in all directions. Lumbar discogenic provocative maneuvers were positive as was a straight leg raise on the right. He had 5/5 muscle strength in his lower extremities except 4+/5 strength in the left iliopsoas, hip flexors and quadriceps. Sensation was decreased in the left L2-4 dermatomes. His diagnoses were left L2-4 radiculopathy, lumbar sprain/strain, right elbow lateral epicondylitis and status post right elbow surgery. At issue in this review is the prescription for gabapentin (new) and a refill of Norco (length of prior therapy is not documented in the note).

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

Decision rationale: This worker has chronic back with limitations in range of motion, weakness and decreased sensation in lumbar dermatomes noted on physical examination. His medical course has included numerous diagnostic and treatment modalities including surgery and ongoing use of several medications including narcotics and NSAIDs. Gabapentin 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. For chronic non-specific axial low back pain, there is insufficient evidence to recommend the use of gabapentin. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects. The medical records fail to document a discussion of targeted symptoms or side effects to justify prescription. He is also receiving opioid analgesics and the gabapentin is not medically substantiated. Therefore, the request for Gabapentin 300mg, #90 is not medically necessary and appropriate.

Norco 5/325mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

Decision rationale: This worker has chronic back with limitations in range of motion, weakness and decreased sensation in lumbar dermatomes noted on physical examination. His medical course has included numerous diagnostic and treatment modalities including surgery and ongoing use of several medications including narcotics and NSAIDs. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 8/14 fails to document any significant improvement in pain or functional status to justify long-term use. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of Norco is not substantiated in the records. Therefore, the request for Norco 5/325mg, #60 is not medically necessary and appropriate.