

Case Number:	CM14-0167592		
Date Assigned:	10/14/2014	Date of Injury:	06/22/2005
Decision Date:	11/17/2014	UR Denial Date:	09/13/2014
Priority:	Standard	Application Received:	10/10/2014

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, has a subspecialty in Public Health and is licensed to practice in West Virginia and Ohio. 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:

This individual is a 48 year old male who sustained an industrially related injury on June twenty second of 2006 involving his lower back. He has ongoing complaints of low back pain (7-8/10) with bilateral radiculopathy. He has a history of L4-S1 fusion done in 2008. The most recent physical examination found in the available record describes; L5 tenderness, decreased lumbar range of motion, decreased L5-S1 dermatome sensation, decreased DTR (deep tendon reflexes) on the right and positive straight leg raising test on the right. The treating physician notes a 60-80% decrease in pain (4/10) symptoms and an increase in walking function with the use of opioids. The gabapentin is noted to cause some somnolence but it is acceptable due to the reduction in radicular pain associated with its use. He currently utilizes Norco, gabapentin and Lidoderm patches for pain control. Available records do not provide information regarding length of use of the above medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #45 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain

Decision rationale: ODG does not recommend the use of opioids for neck and low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient will exceed the 2 week recommended treatment length for opioid usage with this prescription alone. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." To some extent the treating provider has documented an improvement in function however; the DEA has moved hydrocodone containing products to schedule II. They may not now be written with refills, rendering a portion of this question moot. As written the request for Norco 10/325mg, #45 with 1 refill is deemed not medically necessary.

Gabapentin 800mg, #60 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Anti-epilepsy drugs (AEDs) for pain, Gabapentin (Neurontin®)

Decision rationale: The MTUS considers Gabapentin as a first-line treatment for neuropathic pain and effective for the treatment of spinal cord injury, lumbar spinal stenosis, and post op pain. MTUS also recommends a trial of Gabapentin for complex regional pain syndrome. ODG states "Recommended Trial Period: One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage." Additionally, ODG states that Gabapentin "has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain". Based on the clinical documentation provided, there is evidence of neuropathic type pain or radicular pain on exam. As such I am reversing the earlier decision and deem Gabapentin 800mg, #60 with 1 refill to be medically necessary.