

Case Number:	CM14-0172214		
Date Assigned:	10/23/2014	Date of Injury:	09/26/2000
Decision Date:	11/21/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/17/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 75 year old male with complaints of low back pain and left leg pain. The date of injury is 9/26/00 and the mechanism of injury is not elicited. At the time of request for Norco 10/325#60 and Neurontin 300mg#120, there is subjective (low back pain, left lower extremity pain, left knee pain) and objective (restricted range of motion lumbar spine, tenderness to palpation lumbar spine, positive straight leg raise left side, left knee surgical scare and tenderness to palpation) findings, imaging/other findings (MRI lumbar spine multi-level degenerative disc disease, spinal stenosis), diagnoses (post laminectomy syndrome lumbar spine, lumbar facet syndrome, lumbar radiculopathy, lumbar spondylosis, lumbar degenerative disc disease, knee internal derangement), and treatment to date (surgeries lumbar spine and knees, lumbar epidural steroids, medications, physical therapy). A comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment ie drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. AEDs or drug class known as anticonvulsants are recommended for neuropathic pain. There are randomized controlled trials for the use of the class of medications for the treatment of neuropathic pain studied mostly from post herpetic neuralgia and diabetic neuropathy patients.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Overturned

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): 74-84.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, a comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment i.e. drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. As the medical records provided do support/supply this information although drug testing/pill counting is absent in the documentation (strongly recommended to implement these measures in efforts of surveillance for possible drug misuse/diversion), it is my opinion that the request for Norco 10/325 #60 is medically necessary.

Neurontin 300mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drug (AED's).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs(AEDs) Page(s): 16-18.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, AEDs or drug class known as anticonvulsants are recommended for neuropathic pain. There are randomized controlled trials for the use of the class of medications for the treatment of neuropathic pain studied mostly from post herpetic neuralgia and diabetic neuropathy patients. The documentation does support the indication for Neurontin with neuropathic pain diagnosis and documented improvement in function, analgesia, and quality of life. Therefore, the request for Neurontin 300mg#120 is medically indicated.