

Case Number:	CM14-0175718		
Date Assigned:	10/28/2014	Date of Injury:	10/05/2009
Decision Date:	12/15/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/23/2014

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 Internal Medicine, has a subspecialty in Nephrology 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:

This 65-year old female patient had a date of injury on 10/5/2009. The mechanism of injury occurred when she tripped over a box. In a progress noted dated 7/14/2014, the patient complained of low back pain and left hip pain rated 8/10, which is decreased to 3/10 by Norco 10/325 BID. She cannot tolerate NSAIDs, and she still gets dizziness which was relieved by Neurontin 100mg BID. She stated that there were no side effects with current medications. On a physical exam dated 7/14/2014, the objective findings were illegible. The diagnostic impression shows back and hip pain, vertigo and status post left knee surgery. Treatment to date: medication therapy, behavioral modification, viscosupplementation, orthovisc injections, surgery, unloader brace, physical therapy, acupuncture. A UR decision dated 10/2/2014 denied the request for Neurontin 100mg #60 times 3, stating that Neurontin in this case is used to address vertigo; however, the etiology and standard vertigo treatments are not discussed and cited guidelines do not show evidence that Neurontin is a treatment for vertigo. Norco 10/325 #60 times 3 was modified to Norco 10/325 #45 with 0 refills, stating that the effects on pain levels and patterns and function are not addressed in the provided reports, and opioid monitoring is not documented with evidence of opioid contract, CURES reports, urine drug testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 100 mg #60 times 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs, Gabapentin Page(s): 16,17.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. However, in the documentation provided, and in the latest progress report dated 7/14/2014, Neurontin is noted to be treating vertigo in this case. Cited guidelines do not show evidence that Neurontin is indicated for vertigo. In addition, there is no documentation that the patient has a neuropathic component to her pain. Therefore, the request for Neurontin 100 mg 1BID #60 times 3 was not medically necessary.

Norco 10/325 mg #60 times 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the 7/14/2014 progress report, there was no clear documentation of objective functional improvement noted from the opioid regimen. Furthermore, there was no evidence of urine drug screens, opioid pain contract, or CURES monitoring. Therefore, the request for Norco 10/325 #60 times 3 was not medically necessary.