

Case Number:	CM14-0184176		
Date Assigned:	11/12/2014	Date of Injury:	07/20/2002
Decision Date:	12/18/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/05/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Ohio and Texas. 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 55-year-old male who reported an injury on 07/20/2002. The mechanism of injury was not provided. On 09/10/2014, the injured worker presented with neck and low back pain. Upon examination, he had a moderately antalgic gait. His injection site was clean, dry, and intact with no sign of infection. There was moderate bilateral paraspinal tenderness in the lumbar spine, right greater than left. There was decreased range of motion in all planes of the cervical, thoracic, and lumbar spines. There was decreased sensation to the left C4, C5, C6, and C7 dermatomes and left L4, L5, and S1 dermatomes to pinprick and light touch. The diagnoses were degenerative disc disease of the lumbar spine with worsening radiculopathy, worsening mechanical low back complaints, lumbar facet hypertrophy, and persistent bilateral knee complaints. Current medications included cyclobenzaprine, hydrocodone, and Gabapentin. The provider recommended hydrocodone and Gabapentin. There was no rationale provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for Hydrocodone/APAP 10/325mg #30 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that opioids are recommended for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There was a lack of documentation of an objective assessment of the injured worker's pain level, functional status, appropriate medication use, and side effects. Additionally, there is no evidence of treatment history or length of time the patient has been prescribed hydrocodone. The efficacy of the prior use of the medication has not been provided. The provider does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

Gabapentin 600mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-epilepsy Drugs Page(s): 18.

Decision rationale: The request for Gabapentin 600mg #60 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) notes that pain relief with the use of medications is generally temporary and the measures of lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. The guidelines note Gabapentin has been shown to be effective for diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain. There was no mention of muscle weakness or numbness which would indicate neuropathy. Additionally, the efficacy of the prior use of the medication was not provided. There is no treatment history or length of time noted and no evidence of how long the patient has been prescribed Gabapentin. As such, medical necessity has not been established.