

Case Number:	CM14-0185280		
Date Assigned:	11/13/2014	Date of Injury:	12/10/1999
Decision Date:	12/15/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/06/2014

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 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 patient is a 75 year old who developed chronic cervical problems subsequent to a motor vehicle accident 12/10/99. Due to a developing myelopathy he eventually underwent a C5-7 fusion with instrumentation. This was successful for restoration of neurologic function, but he continued to have severe cervical pain with a neuropathic component. He has been treated with high levels of opioid mediations for multiple years. There is good pain relief reported with VAS scores diminishing by 60-70 percent and there is adequate documentation of functional support. There is no documented history of misuse or abuse.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #240: 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): 80.

Decision rationale: MTUS Guidelines supports the responsible use of Opioids when there is pain relief and functional improvements. These criteria are adequately documented with this patient. The amount of Opioids is quite massive and MTUS Guidelines discourage this level of

Opioids, but the Guidelines do not preclude it. Guidelines recommend specialty evaluation and management that this patient has had. Under these circumstances the Norco 10/325mg #240 is medically necessary.

Gabapentin 600mg, #60 with 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS Guidelines supports the use of Gabapentin for neuropathic pain syndromes. It is clearly documented that the long term use of his medications allows for improved function and significant pain relief. This patient has a neuropathic component to his pain and Guidelines support the use of Gabapentin under these circumstances. The Gabapentin 600mg. #60 with 2 refills is medically necessary.

MS Contin 100mg: 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): 80.

Decision rationale: MTUS Guidelines supports the responsible use of Opioids when there is pain relief and functional improvements. These criteria are adequately documented with this patient. The amount of Opioids is quite massive and MTUS Guidelines discourage this level of Opioids, but the Guidelines do not preclude it. Guidelines recommend specialty evaluation and management that this patient has had. Under these circumstances the MS Contin 100mg is medically necessary.