

Case Number:	CM14-0028633		
Date Assigned:	06/16/2014	Date of Injury:	05/12/1994
Decision Date:	08/13/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/06/2014

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 66-year-old male who reported an injury on 05/12/1994. The mechanism of injury was not provided. On 05/15/2014, the injured worker presented with low back pain that radiates to the right lower extremity and lower extremity bilateral leg pain. Prior treatment included a facet radiofrequency rhizotomy to the bilateral L4 to S1, medications, use of a spinal cord stimulator, and therapy. Upon examination of the lumbar spine, there was tenderness noted upon palpation bilaterally to the paravertebral area L4 to S1 levels and bilaterally to the buttock and in the spinal vertebral area L4 to 21. Range of motion was moderately limited secondary to pain. The diagnoses were lumbar disc degeneration, chronic pain, lumbar facet arthropathy, lumbar post laminectomy syndrome, lumbar radiculopathy, status post fusion of the lumbar spine, insomnia, and spinal cord stimulator implant. The provider recommended gabapentin and Norco. The provider's rationale was not 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:

GABAPENTIN 300MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-22.

Decision rationale: The California MTUS Guidelines state gabapentin has shown to be effective for diabetic painful neuropathy and postherpetic neuralgia and has been considered a first line treatment for neuropathic pain. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The use of an AED depends on improved outcomes versus tolerability and adverse effects. The injured worker has been prescribed gabapentin since at least 04/2014; the efficacy of the medication is not documented. Additionally, the provider's request for gabapentin did not indicate the frequency of the medication in the request as submitted. As such, the request for Gabapentin 300mg, #60 is non-certified.

NORCO 5/325MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

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

Decision rationale: The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. The injured worker has been prescribed Norco since at least 02/2014; the efficacy of the medication was not provided. Additionally, the provider's request for Norco did not indicate the frequency of the medication in the request as submitted. As such, the request for Norco 5/325mg, #60 is non-certified.