

Case Number:	CM14-0031018		
Date Assigned:	06/20/2014	Date of Injury:	07/31/2002
Decision Date:	07/17/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/12/2014

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 Illinois. 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 52-year-old female who reported an injury on 07/31/2002. The documentation indicated the injured worker had been utilizing opiates and ibuprofen as of early 2013. It further indicated the injured worker had been utilizing gabapentin since 11/2013. The documentation of 01/31/2014 revealed the injured worker's pain was unchanged from the last visit. The injured worker indicated that medications were working well. The diagnoses included disc disorder lumbar spine, lumbar facet syndrome, lumbar radiculopathy, post lumbar laminectomy syndrome, spinal/lumbar DDD and low back pain. The treatment plan included physical therapy, ibuprofen as needed for inflammatory pain, Norco as needed for pain and Neurontin for nerve pain. Additionally, the request was made for a lumbar epidural steroid injection. It was indicated that, regarding the use of Norco, the Norco reduced the injured worker's pain from an 8/10 to 4/10. The injured worker indicated that with the help of Norco she could sit and drive for longer periods of time and the injured worker utilized the medication when the pain was flared up and it helped her to perform housework and take care of her children. The injured worker indicated that she utilized ibuprofen regularly and it brought her pain from 9/10 to 5/10. The medication increased her mobility and she was able to walk farther. The injured worker was able to get through her day and it reduced the throbbing pain in her legs and the aching in her back. The medication gabapentin was noted to take the edge off the numbness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325MG, #120: Upheld

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 Medications for Chronic pain; ongoing management Page(s): 60; page 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and objective decrease in pain. There should be documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the duration of use had been since early 2013. The criteria were met. However, there was a lack of documentation per the submitted request including the frequency for the requested medication. Given the above, the request for Norco 10/325 mg #120 is not medically necessary.

Ibuprofen 600MG, #90: Upheld

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 NSAIDS Page(s): 67.

Decision rationale: The California MTUS Guidelines recommend NSAIDs for the short-term symptomatic relief of low back pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the duration of use had been since early 2013. The clinical documentation submitted for review met the above criteria. However, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for ibuprofen 600 mg #90 is not medically necessary.

Gabapentin 100MG, #60: Upheld

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.

Decision rationale: The California MTUS Guidelines recommend anti-epileptic medications as a first-line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain and objective functional improvement. The clinical documentation submitted for review indicated the Neurontin took the edge off the numbness. However, there was a lack of documentation of objective pain relief and objective functional improvement with the requested medication. The duration of use was since 11/2013. The request as submitted

failed to indicate the frequency for the requested medication. Given the above, the request for gabapentin 100 mg #60 is not medically necessary.