

Case Number:	CM14-0031131		
Date Assigned:	06/20/2014	Date of Injury:	09/27/2012
Decision Date:	07/17/2014	UR Denial Date:	03/11/2014
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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 45-year-old male with a 9/27/12 date of injury. At the time (3/11/14) of the Decision for Norco 10/325mg #60 x3 refills and Neurontin 300mg #90 x3 refills, there is documentation of subjective (moderate-severe pain at the lower back radiating to the left hip and down to the back of the knee) and objective (severe paravertebral muscle spasms left greater than right, trigger point at the left sciatic notch region, dysesthesia at left L5-S1 distribution) findings, current diagnoses (musculoligamentous sprain/strain of the lumbar spine with 6 mm left L5-S1 herniated nucleus pulposus and left L5-S1 radiculopathy, sleep impairment due to pain, and exacerbation of depression due to new injury), and treatment to date (epidural steroid injection and ongoing use of Norco and Neurontin). Regarding Norco 10/325mg #60 x3 refills, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Norco. Regarding Neurontin 300mg #90 x3 refills, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60 x3 refills: Upheld

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): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of musculoligamentous sprain/strain of the lumbar spine with 6 mm left L5-S1 herniated nucleus pulposus and left L5-S1 radiculopathy, sleep impairment due to pain, and exacerbation of depression due to new injury. In addition, there is documentation of ongoing use of Norco. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Norco. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg #60 x3 refills is not medically necessary.

Neurontin 300mg #90 x3 refills: 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 Guidelines Gabapentin (Neurontin), page(s) 18-19 Page(s): 18-19.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of Neurontin (Gabapentin). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of musculoligamentous sprain/strain of the lumbar spine with 6 mm left L5-S1 herniated nucleus pulposus and left L5-S1 radiculopathy, sleep impairment due to pain, and exacerbation of depression due to new injury. In addition, there is documentation of neuropathic pain and ongoing use of Neurontin. However, there is no documentation of functional benefit or

improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Neurontin. Therefore, based on guidelines and a review of the evidence, the request for Neurontin 300mg #90 x3 refills is not medically necessary.