

Case Number:	CM14-0050867		
Date Assigned:	07/07/2014	Date of Injury:	03/25/2002
Decision Date:	08/21/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/18/2014

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 61-year-old male with a March 25, 2012 date of injury and status post lumbar laminectomy in 2002. At the time of the request for authorization for Norco 10/325 mg #120 and Gabapentin 300mg #90 with one refill (on March 24, 2014), there is documentation of subjective (bilateral lower back pain radiating to the lower extremity with numbness, tingling, and weakness) and objective (positive straight leg raise bilaterally, diffuse tenderness of the bilateral lower lumbar facets, tenderness of the bilateral sacroiliac joints, decreased lumbar range of motion, and decreased sensation over the ankles/feet) findings, current diagnoses (sacroiliitis, lumbar post-laminectomy syndrome, lumbar degenerative disc disease, lumbosacral spondylosis, lumbago, and chronic pain syndrome), and treatment to date (medications [including ongoing treatment with Norco and Gabapentin since at least May 14, 2013]). In addition, medical report identifies that the patient's pain and functionality is worse since last visit. Furthermore, medical report identifies a pain contract. 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 as a result of use of Norco and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, 120 count: 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: The 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 sacroiliitis, lumbar post-laminectomy syndrome, lumbar degenerative disc disease, lumbosacral spondylosis, lumbago, and chronic pain syndrome. In addition, given documentation of a pain contract, there is 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. However, given documentation of ongoing treatment with Norco since at least 5/14/13 and that the patient's pain and functionality is worse since last visit, 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 as a result of use of Norco. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325 mg, 120 count, is not medically necessary or appropriate.

Gabapentin 300mg, ninety count with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GABAPENTIN (NEURONTIN) Page(s): 18-19.

Decision rationale: The 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 sacroiliitis, lumbar post-laminectomy syndrome, lumbar degenerative disc disease, lumbosacral spondylosis, lumbago, and chronic pain syndrome. In addition, there is documentation of neuropathic pain. However, given documentation of ongoing treatment with

Gabapentin since at least May 14, 2013 and that the patient's pain and functionality is worse since last visit, 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 as a result of use of Gabapentin. Therefore, based on guidelines and a review of the evidence, the request for Gabapentin 300mg, ninety count with one refill, is not medically necessary or appropriate.