

Case Number:	CM14-0054404		
Date Assigned:	07/09/2014	Date of Injury:	05/20/2004
Decision Date:	08/28/2014	UR Denial Date:	03/22/2014
Priority:	Standard	Application Received:	04/23/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 patient is a 55-year-old male who sustained a work related injury on 5/20/2004 as a result of prolonged and repetitive work related activities. Since then he has had nearly continuous pain in his neck and lower back. Per the most recent progress report, he complains of neck pain that radiated into both his upper extremities and lower back pain that radiates down his bilateral lower extremities with accompanying numbness, tingling and weakness. His pain is aggravated by walking and activity, without specification. His pain is rated at 8/10 without, but 6/10 with the use of his medication. Antalgic and slowed gait were documented at the time of his physical examination. The patient also utilizes a lumbar brace and walker for ambulation. He complained of tenderness to palpation bilaterally in the paravertebral area of L4-S1. The exam also documented a greatly decreased lumbar range of motion and a decreased sensation over the left dermatome. In the interim, On May 15, 2014, the patient underwent an anterior approach discectomy at the transitional L4-5 level with instrumentation using an intradiscal cage and anterior plate. The request for Gabapentin 300mg #30 and Norco 10/325mg #120 were considered not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 18-19.

Decision rationale: Gabapentin (Neurontin, Gabarone TM, generic available) has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. A randomized controlled trial (RCT) concluded that, "gabapentin monotherapy appears to be efficacious for the treatment of pain and sleep interference associated with diabetic peripheral neuropathy and exhibits positive effects on mood and quality of life." (Backonja, 1998) It has been given FDA approval for treatment of post-herpetic neuralgia. There is limited evidence to show that this medication is effective for postoperative pain, where there is fairly good evidence that the use of gabapentin and gabapentin-like compounds results in decreased opioid consumption. This beneficial effect, which may be related to an anti-anxiety effect, is accompanied by increased sedation and dizziness. Although Gabapentin has gained considerable off label use in the treatment of pain, it is only FDA approved for use in post-herpetic neuralgia and in the treatment of certain seizure disorders. The medical necessity of this medication to treat radicular pain has not been established.

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 75, 88, 91.

Decision rationale: Long term use of such medications (greater than 6 months) needs documented pain and functional improvement as compared to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. Because the guidelines specifies improvement in both functionality and pain reduction, continued use of Norco is not warranted as the patient has no documentation of improvement, other than 2 step decrease in his pain level. The modification authorized by the Utilization Review should stand, but the above request is considered not medically indicated.