

Case Number:	CM14-0064844		
Date Assigned:	07/21/2014	Date of Injury:	02/13/2001
Decision Date:	10/14/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/07/2014

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 Medicine and is licensed to practice in Texas. 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 72 year old male injured on 02/13/01 when he was struck by a vehicle requiring multiple lumbar spine surgeries, hardware removal, hip replacement, and femur repair. Diagnoses included carpal tunnel syndrome, cervical radiculopathy, cubital tunnel syndrome, other complications due to internal joint prosthesis, foot drop, lumbar spine strain/sprain, lumbar radiculopathy, facet arthropathy of lumbar spine, and failed back surgery syndrome. Clinical note dated 04/22/14 indicated the injured worker presented complaining of increased numbness and tingling in the distal right upper extremity. The injured worker also complained of ongoing bilateral shoulder, left elbow, left arm, and low back pain rated 6/10. Medications included gabapentin 800mg every six hours, Soma 350mg TID, hydrocodone/acetaminophen 10-325mg every six hours, methadone 5mg one to two tablets TID, Ambien 10mg. Medications allowed the injured worker to perform activities of daily living and function. The injured worker was wheelchair bound and used medical marijuana for pain management. The initial request for Norco, methadone, gabapentin was non-certified on 05/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg x 120 + 2: Overturned

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 Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. However, the injured worker's age and length of opioid use must be considered as abrupt cessation could pose a significant risk to the overall health of the injured worker. As such, Norco 10/325mg x 120 + 2 is recommended as medically necessary at this time.

Methadone 5mg x 150 +2: Overturned

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 Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. However, the injured worker's age and length of opioid use must be considered as abrupt cessation could pose a significant risk to the overall health of the injured worker. As such, Methadone 5mg x 150 +2 is recommended as medically necessary at this time.

Gabapentin 800mg x 120 + 2: Overturned

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 9792.20, Gabapentin (Neurontin) Page(s): 49.

Decision rationale: As noted on page 49 of the Chronic Pain Medical Treatment Guidelines, current guidelines recommend Gabapentin for the treatment of neuropathic pain. The clinical documentation establishes the presence of objective findings consistent with neuropathy. As such, the request for Gabapentin 800mg x 120 + 2 is recommended as medically necessary.