MAXIMUS Federal Services

Case Number:	CM14-0068381		
Date Assigned:	07/14/2014	Date of Injury:	02/01/2008
Decision Date:	09/10/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/13/2014

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 Geriatrics, and is licensed to practice in New York. 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 50-year-old woman with a date of injury of 2/1/08. She was seen by her primary treating physician on 4/21/14 to follow up her pain management. She was said to be 'doing a lot better' and taking medications with benefit. Her medications included Norco, neurontin, protonix and naprosyn. The increased dose of Norco was said to be helpful and neurontin was helpful at night. She had no side effects or complaints her physical exam was unremarkable. Her diagnoses were pain in joint, lower leg, pelvis and thigh (bilateral knee and hip pain). At issue in this review are the refills of hydrocodone/APAP and gabapentin. Length of prior therapy is not documented in the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg # thirty (30) for a thirty (30) day supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy drugs (AEDS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 16-22.

Decision rationale: This worker has chronic hip and knee pain. Her medical course has included ongoing use of several medications including narcotics, naproxen and gabapentin.

Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The medical records fail to document any diagnoses to support ongoing use. She is also receiving opioid analgesics and NSAIDs and the gabapentin medical necessity is not substantiated. The request is not medically necessary.

Hydrocodone/APAP 10-325mg # seventy (70): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 74-80 Page(s): 74-80.

Decision rationale: This worker has chronic hip and knee pain. Her medical course has included ongoing use of several medications including narcotics, naproxen and gabapentin. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 4/14 fails to document any significant improvement in functional status to justify ongoing use. The hydrocodone/APAP is not medically necessary.