

Case Number:	CM14-0075223		
Date Assigned:	07/16/2014	Date of Injury:	11/10/2005
Decision Date:	09/10/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/22/2014

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 Physical Medicine & Rehabilitation 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:

The injured worker is a 53-year-old male who reported injury on 11/10/2005. Diagnosis was lumbago. The injured worker's medications included Gabapentin and opiates as of 2012. The documentation of 05/07/2014 revealed the injured worker had chronic back and leg pain. The mechanism of injury was not provided. The injured worker indicated his medications work all the time and he needs his medications. The injured worker indicated the pain level before taking medications was 5/10 to 6/10 and after taking medications, it was 3/10 to 4/10. The injured worker denied side effects from the medications. The diagnoses include chronic back and leg pain, depression related to pain and disability, multilevel degenerative disc disease of the lumbar spine and a probable CVA during surgery. The treatment plan included a refill of Norco 10/325 #90 by month 3 times a day, Gabapentin 300 mg #30 one at bedtime for pain and Ambien 10 mg #25 refill times 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60; 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and documentation the injured worker is being monitored for aberrant drug behavior and side effects as well as documentation of objective pain relief. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since at least 2012. There was documentation of an objective decrease in pain. However, there was lack of documentation of objective functional improvement and documentation the injured worker is monitored for aberrant drug behavior and side effects. Additionally, the request as submitted failed to indicate the frequency for the requested medication. There was lack of documentation indicating a necessity for 3 refills without re-evaluation. Given the above, the request for Norco 10/325 #90 with 3 refills is not medically necessary.

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 Page(s): 16.

Decision rationale: The California MTUS Guidelines recommend antiepilepsy medications as first line medications as first line medications for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50% and documentation of objective functional improvement. The clinical documentation indicated the injured worker had utilized the medication since at least 2012. The clinical documentation submitted for review indicated the injured worker had an objective decrease in pain. However, there was lack of documentation of objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Gabapentin 300 mg #30 is not medically necessary.