

Case Number:	CM14-0081507		
Date Assigned:	07/18/2014	Date of Injury:	12/30/2009
Decision Date:	09/10/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	06/02/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 56- year-old male was reportedly injured on December 30, 2009. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated July 18, 2014, indicated that there were ongoing complaints of low back pain radiating to the lower extremities as well as neck pain rating to the upper extremities. Pain was stated to be 4/10 with medication use. The physical examination demonstrated tenderness of the lumbar spine paraspinal muscles from C4- C6 and decreased cervical spine range of motion. There was decreased motor strength of the extensor flexor muscles of the upper extremity. Examination of the lumbar spine noted lumbar paraspinal spasms and increased pain with flexion and extension. There was decreased muscle strength in the bilateral lower extremities. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included a lumbar epidural steroid injection, physical therapy, chiropractic care, the use of a TENS unit, psychiatric treatment, pain management, as well as multiple hand surgeries. A request had been made for Gabapentin and Norco and was not medically necessary in the pre-authorization process on May 1, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20, 49.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines consider Gabapentin to be a first-line treatment for neuropathic pain. The clinical documentation provided, states that the injured employee has generalized weakness of the upper and lower extremities. As there is no conclusive evidence of objective isolated radicular findings on physical examination, this request for Gabapentin is not medically necessary.

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The injured employee has chronic pain. However, there was no objective clinical documentation of improvement in the pain or function with the current regimen therefore this request is not medically necessary.