

Case Number:	CM14-0082355		
Date Assigned:	07/18/2014	Date of Injury:	08/17/2009
Decision Date:	08/26/2014	UR Denial Date:	05/21/2014
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, has a subspecialty in Pain Medicine 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 54-year-old male who reported an injury on 08/17/2009. The mechanism of injury was not provided within the medical records. The clinical note dated 07/02/2014 indicated diagnoses of lumbar radiculopathy and spinal lumbar degenerative disc disease. The injured worker reported back pain that radiated from the low back to both legs and lower back. On physical exam of the lumbar spine, range of motion was restricted. There was tenderness to the paravertebral muscles, hyper tonicity, tight muscle band, and deeper bone pain bilaterally. The injured worker was able to walk on his toes and stand on his heels with difficulty. The injured worker's lumbar facet loading was positive bilaterally. The injured worker's ankle jerk was two on the right and one on the left. The injured worker's patella jerk was two on both sides. There was tenderness over the sacroiliac spine. The injured worker's motor strength exam was four on the left, dorsiflexor were four on the left, and ankle plantar flexors were 4 on the left. Light touch sensation was decreased over the lateral calf and medial thigh and lateral thigh on the left side. The injured worker's straight leg raise test was positive bilaterally. The treatment plan included continued Norco as needed, refers the injured worker for surgical evaluation, and continue home exercise program. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included Norco, Gabapentin, and MS Contin. The provider submitted a request for MS Contin, Norco, and Gabapentin. A Request for Authorization dated 07/02/2014 was submitted for medications; however, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300 mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines specific anti-epilepsy drugs, page 18 Page(s): 18.

Decision rationale: The request for Gabapentin 300 mg, #120 is not medically necessary. The California MTUS Guidelines recognize Gabapentin/Neurontin 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 documentation submitted did not indicate the injured worker had findings that would support he was at risk for diabetic painful neuropathy, postherpetic neuralgia, a spinal cord injury, or complex regional pain syndrome. In addition, there was no quantified pain assessment done by the injured worker. Moreover, the request does not indicate a frequency for this medication. Therefore, the request is not medically necessary.

Norco 10/325 mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, page 91, and Opioids, criteria for use, page 78 Page(s): 91, 78.

Decision rationale: The request for Norco 10/325 mg, #120 is not medically necessary. The California MTUS Guidelines state that Norco/hydrocodone/acetaminophen is a short acting opioid which is an effective method in controlling chronic, intermittent, or breakthrough pain. The guidelines recognize 4 domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. There is a lack of a quantified pain assessment by the injured worker. In addition, the injured worker reports any pain level has remained the same since the last visit, activity level has remained the same since the last visit, and medications are working well. However, the injured worker has not returned to work. It appears the medication is not providing functional improvement for the injured worker. Moreover, the request did not indicate a frequency for this medication. Therefore, the request is not medically necessary.

MsContin 15 mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, page 78 Page(s): 78.

Decision rationale: The request for Ms Contin 15 mg, #90 is not medically necessary. The California MTUS Guidelines state that MS Contin is a short acting opioid, which is an effective method in controlling chronic, intermittent or breakthrough pain. The guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. There is a lack of a quantified pain assessment done by the injured worker. In addition, it is not indicated how long the injured worker has been utilizing this medication. Moreover, the request does not indicate a frequency. Additionally, the documentation submitted did not indicate the injured worker had a signed pain agreement. Therefore, the request is not medically necessary.