

Case Number:	CM14-0126997		
Date Assigned:	08/13/2014	Date of Injury:	12/01/1997
Decision Date:	01/07/2015	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/11/2014

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 Family 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:

This injured worker's date of injury is 12/01/1997. This patient receives treatment for chronic burning low back pain that radiates to the right buttock. The patient has chronic low back pain after lumbar laminectomy surgery, "failed back." The treating physician states that the patient also complains of muscle spasm, numbness and tingling, and displays limited movement on physical. The patient did receive Naprosyn, but this NSAID was discontinued when chronic kidney disease was diagnosed. Other medications taken include: Prozac, Risperidone, and Vistaril from her medical doctor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg #90 1 tab by mouth every day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-19.

Decision rationale: This patient receives treatment for chronic low back pain after laminectomy, "failed back." Neurontin is an anti-epileptic drug (AED), which may be medically indicated to treat painful diabetic neuropathy and post-herpetic neuralgia. This patient does not have either of

these, according to the documentation presented. Therefore Neurontin is not medically necessary.

Norco 5/325mg #270 one tab three times daily: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

Decision rationale: This patient receives treatment for chronic low back pain after laminectomy, "failed back." Opioids show effectiveness in treating low back pain only for short-term relief. There is no support for the treatment strategy of taking opioids for the long-term management of low back pain. Clinical studies do not show that opioids lead to improvement in function. The medical documentation presented does not show that the pain is well controlled nor is there clear evidence of an improvement in function. Norco is not medically necessary.