

Case Number:	CM14-0181923		
Date Assigned:	11/06/2014	Date of Injury:	09/30/2013
Decision Date:	01/02/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/03/2014

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 Internal medicine and is licensed to practice in Maryland. 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 employee was a 32 year old female who sustained an industrial injury on 09/30/13. The clinical note from 10/16/14 was reviewed. Subjective complaints included lumbosacral pain and leg pain bilaterally. Her prior treatment included physical therapy, chiropractic sessions, medications, ESI, TENS and back brace. Medications included gabapentin 300mg, Motrin, Lidoderm patch, Vicodin 5/300mg and Soma. Pertinent examination findings included paraspinal spasms; trigger points, decreased range of motion, normal sensory and motor examination and normal deep tendon reflexes. Diagnoses included lumbar spine degenerative disc disease, thoracic spine sprain, lumbosacral radiculitis and C spine degenerative disc disease. MRI of lumbar spine showed L4-L5 and L5-S1 degenerative disc disease with mild spinal stenosis at L4-5. In the note from August 1, 2014, it was noted that she had axial back pain with minimal radiculopathy of the lumbar spine. Imaging revealed minimal nerve root compression. The request was for Gabapentin 300mg #90 and Hydrocodone/APAP 5/300mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300 mg # 90 with three refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

Decision rationale: According to MTUS, Chronic Pain Medical Treatment guidelines, Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been as a first line treatment for neuropathic pain. Here the employee had lumbar spine pain with minimal radiculopathy. There was no documentation of improvement of pain with Gabapentin. There was no functional improvement noted as well. In addition the neuropathy component was thought to be minimal without significant stenosis in MRI. Hence the use of Gabapentin is not medically necessary.

Prospective use of Hydrocodone/Acetaminophen 5/300 mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, ongoing management Page(s): 78.

Decision rationale: According to MTUS Chronic Pain Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: pain relief, adverse effects, physical and psychosocial functioning and potential aberrant behaviors. The employee was being treated for low back pain and had been on Vicodin 5/300mg. There was no documentation of improvement of pain with medications. There was no documentation of improvement of function with the medications. Without documentation of functional improvement or improvement of pain on a numerical scale, the guideline criteria are not met for ongoing opioid use. The request for Hydrocodone/APAP 5/300mg is not medically necessary or appropriate.