

Case Number:	CM14-0187563		
Date Assigned:	11/17/2014	Date of Injury:	03/26/2006
Decision Date:	01/15/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/10/2014

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 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 underlying date of injury in this case is 03/26/2008. The date of the utilization review under appeal is 10/22/2014. The patient's diagnosis is lumbosacral neuritis. The patient is status post an L5-S1 laminectomy/discectomy in 2006. The patient has been noted to have persistent pain treated with Norco and then Lyrica and subsequently gabapentin. Primary treating physician notes outline ongoing postoperative pain. These notes are handwritten and do not clearly or legibly document benefit from antiepileptic drugs or opioid medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

240 Capsules of Gabapentin 300mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Medication Page(s): 17.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on antiepileptic medication, page 17, recommend that after initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The medical records in this case are

limited and/or illegible regarding gabapentin use. These guidelines have not been met. This request is not medically necessary.

150 Tablets of Norco 10mg/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on opioids/ongoing management, page 78, discuss the four A's of opioid management, recommending ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The medical records in this case are limited and/or illegible. These four A's of opioid management are not documented to provide indication or rationale for continued use of opioid medication. The request for Norco is not medically necessary.