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| Case Number: | CM14-0197637 | | |
| Date Assigned: | 12/30/2014 | Date of Injury: | 09/04/2013 |
| Decision Date: | 02/06/2015 | UR Denial Date: | 11/15/2014 |
| Priority: | Standard | Application Received: | 11/25/2014 |

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 Preventive 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:

According to the records made available for review, this is a 63-year-old female with a 9/4/13 date of injury. At the time (10/31/14) of request for authorization for Norco 10/325mg #90 and Neurontin 300mg #60, there is documentation of subjective (significant neck and low back pain with complaints of numbness, tingling, and weakness) and objective (limited cervical range of motion with spasm and tenderness and decreased sensation over the C5 and C6 distribution) findings, current diagnoses (thoracic or lumbosacral neuritis or radiculitis, lumbosacral radiculopathy, and cervical radiculopathy), and treatment to date (ongoing therapy with Norco and Neurontin since at least 4/1/14 with pain relief and improvement in activities of daily living). Regarding Norco 10/325mg #90, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of thoracic or lumbosacral neuritis or radiculitis, lumbosacral radiculopathy, and cervical radiculopathy. In addition, given documentation of ongoing treatment with Norco since at least 4/1/14 with pain relief and improvement in activities of daily living, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of Norco use to date. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg #90 is not medically necessary.

Neurotonin 300mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 18-19. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of Neurontin (gabapentin). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of thoracic or lumbosacral neuritis or radiculitis, lumbosacral radiculopathy, and cervical radiculopathy. In addition, there is documentation of neuropathic pain. Furthermore, given documentation of ongoing treatment with Neurontin since at least 4/1/14 with pain relief and improvement in activities of daily living, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of Neurontin use to date. Therefore, based on guidelines and a review of the evidence, the request for Neurontin 300mg #60 is medically necessary.

