MAXIMUS Federal Services

Case Number:	CM14-0199336		
Date Assigned:	12/09/2014	Date of Injury:	05/12/1991
Decision Date:	02/28/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	11/26/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New Jersey
Certification(s)/Specialty: Family Practice

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 worker is a 57 year old female who was injured on 5/12/91 involving her lower back. She was diagnosed with lumbar disc degeneration, lumbar stenosis, lumbar facet joint arthropathy, and lumbar radiculopathy. She was treated with lumbar fusion sugery, spinal cord stimulator and medications. Previous requests for renewal of both Norco and gabapentin were denied, due to lack of evidence of benefit, according to the UR for this request. Weaning was recommended for the Norco. A progress note from 11/13/14, when the Norco and gabapentin was requested for renewal, was not provided for review. A follow-up note by the treating physician from 11/25/14, however, was provided for review as an appeal to the denial of both the gabapentin and Norco. The note stated that the worker reported low back pain with radiation to her legs and feet with numbness and paresthesias. She reported using Norco 10/325 mg three times per day, Neurontin 300 mg three times per day, Robaxin, Clinoril, metformin, estradiol, hydrochlorothiazide, and losartan. Physical examination revealed tenderness of the lumbar area, restricted range of motion of the lumbar spine, positive sacroiliac joint provocative maneuvers, positive straight leg raise, right sitting root, and right Lasegue's signs, decreased muscle strength on right leg, decreased sensation to L4 and L5 dermatomes on the right, and antalgic gait with heel and toe walking. It was reported that the Norco dose and frequency taken produced a 75% decrease in the worker's pain and a significant and measurable decrease in her function (based on Oswestry Disibility Index scores) and without any aberrant behavior or side effects reported. Also, the gabapentin use was reported as reducing her symptoms by about 50% at the current dose and frequency used, while also producing a significant improvement in function (also based on Oswestry

Disibility Index scores) and without any reported adverse effects, reportedly. She was then recommended to continue her medications as previously used and follow-up monthly.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, the provider's documented description of measurable functional and pain-reducing benefits with the continuation of her Norco at the current doses without side effects or aberrant behavior was sufficient evidence to suggest that it would be reasonable to continue the Norco as before. Therefore, the Norco is medically necessary to continue.

Gabapentin 300 MG #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-22.

Decision rationale: The MTUS Guidelines state that antiepilepsy drugs (or anti-convulsants) are recommended as first line therapy for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects is required for continual use. In the case of this worker, there was sufficient evidence provided by the provider to suggest the current doses of gabapentin were significantly helpful at reducing radiculopathy symptoms and improve function measurably, as this was documented for the provider to review. Therefore, the gabapentin seems reasonable and medically necessary to continue.