

Case Number:	CM15-0000115		
Date Assigned:	01/09/2015	Date of Injury:	08/20/2011
Decision Date:	03/12/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	12/30/2014

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: California
 Certification(s)/Specialty: Internal Medicine

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 injured worker is a 45 year old female who sustained a work related injury August 20, 2011. Documentation reveals the injured worker was carrying furniture with another employee. As she was walking backwards, she tripped and fell and a cabinet fell on top of her. Ever since, she has experienced severe low back pain. She was treated with medications, epidural steroid injection, physical therapy and chiropractic care, neither had she found to be helpful. According to a physician follow-up visit dated December 17, 2014, the injured worker presents with complaints of low back pain, rated 8/10 with radiation to the left and right thigh, right leg and left and right foot. The medication has helped and shows no signs of dependency. Quality of sleep is poor, waking up at night due to pain. There have been depressive symptoms and she is currently visiting a pain psychologist. Diagnoses are thoracic or lumbarsacral neuritis or radicular not otherwise specified; spinal stenosis of the lumbar region; sprains and strains of the lumbar region; and lumbago. Treatment included refill medications; Hydrocodone-acetaminophen, Tramadol, Senna Laxative and Gabapentin, and request for surgery L5-S1 Anterior Lumbar Intervertebral Disc Fusion. An MRI Lumbar Spine revealed spondylolisthesis present at L5-S1 (report present in medical record). Work status documented as temporarily totally disabled. According to utilization review performed December 30, 2014, the request for Gabapentin 600mg QTY: 90 is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines. The request for Norco 10/325mg QTY: 60 is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines, Opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 18-19.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that Gabapentin (Neurontin) is considered as a first-line treatment for neuropathic pain. Gabapentin should not be abruptly discontinued. Medical records documented neuropathic pain. The 12/14/14 progress report documented low back pain and radicular pain. The orthopedic consultation report dated October 13, 2014 documented a recommendation for lumbosacral spine surgery. The medical reports dated 11/19/14, 12/10/14, 12/17/14 document evidence of objective evidence of pathology. The medical records and MTUS guidelines support the medical necessity of the continuation of Gabapentin. Therefore, the request for Gabapentin is medically necessary.

Norco 10/325mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page 74-96. Hydrocodone/Acetaminophen Page 91..

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The orthopedic consultation report dated October 13, 2014 documented a recommendation for lumbosacral spine surgery. The medical reports dated 11/19/14, 12/10/14, 12/17/14 document evidence of objective evidence of pathology. Medical records document objective physical examination findings. Medical records document regular physician clinical evaluations and monitoring. Analgesia was documented. Activities of daily living were addressed. No adverse side effects were reported. Evaluation for aberrant behavior was documented. Per MTUS, Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The request for Norco (Hydrocodone/Acetaminophen) is supported by

the medical records and MTUS guidelines. Therefore, the request for Norco 10/325 mg is medically necessary.