

Case Number:	CM15-0001963		
Date Assigned:	01/13/2015	Date of Injury:	07/19/2001
Decision Date:	03/10/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/05/2015

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: North Carolina, Georgia
 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 injured worker is a 58 year old female, who sustained a work related injury on 7/10/01. The diagnoses have included displacement of lumbar intervertebral disc without myelopathy and lumbar sprain/strain. Treatment to date has included oral medications, ultrasound guided right sacroiliac joint injections and MRI lumbar spine. Currently, the injured worker complains of moderate to severe pain in right hip sacroiliac region. She has tenderness to area. She had full range of motion to hips. Motor strength in all extremities is normal. On 12/16/14, Utilization Review Modified a prescription request of Norco 10-325mg. #60 to Norco 10-325mg. #30 (weaning), noting there is no documentation supporting functional improvement or significant change in pain complaints for continued use of this medication. This is an opioid medication that should not be abruptly discontinued. The California MTUS, Chronic Pain Treatment Guidelines, were cited. On 12/16/14, Utilization Review Modified a prescription request for Neurontin 600mg. #60 to Neurontin 600mg. #30 (weaning), noting Neurontin is classified as an anticonvulsant that can be prescribed for neuropathic pain. There is no documentation of improvements of neuropathic pain complaints. This medication should not be abruptly discontinued. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325 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 Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. The original UR review modified the request to approve #30 for weaning. Therefore, the record does not support medical necessity of ongoing opioid therapy with Norco 10-325 mg #60 and the original UR decision is upheld.

Neurontin 600 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 16-20.

Decision rationale: CA MTUS states that there is insufficient evidence to argue for or against use of antiepileptic drugs in low back pain. Antiepileptic drugs are used first line for neuropathic pain. The claimant has no documented neuropathic pain. There is no documentation of response of her pain to Neurontin. The original UR review modified the request from Neurontin 600 mg #60 to Neurontin 600 mg #30 for purposes of weaning. This decision is upheld. Therefore ongoing use of Neurontin 600 mg # 60 is not medically indicated.