

Case Number:	CM15-0102314		
Date Assigned:	06/04/2015	Date of Injury:	09/29/2014
Decision Date:	07/03/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 40 year old male who sustained a work related injury September 29, 2014. He had a 4 year history of low back pain but became severe after lifting an 80 pound drill. Past history included left shoulder surgery. According to a comprehensive medical report, dated April 15, 2015, the treating physician documented the injured worker presented with right low back pain radiating to bilateral posterior thighs, bilateral posterior calves and right foot. He reports the Medrol dose pack decreased his acute pain by 50%. Physical examination revealed tenderness to palpation of the lumbar paraspinal muscles and right sacroiliac joint. Lumbar range of motion was restricted by pain in all directions. Lumbar flexion was worse than lumbar extension. Sacroiliac provocative maneuvers were positive on the right and negative on the left. Nerve root tension sign and straight leg raise were positive on the right and negative on the left. Heel, toe, and tandem walking were within normal limits. Impressions are bilateral S1 radiculopathy; lumbar disc protrusion; lumbar stenosis; right sacroiliac joint pain; lumbar sprain/strain. At issue, is the request for authorization for Gabapentin and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg quantity 180 with one refill: 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 Anti-epilepsy drugs (AEDs) Page(s): 16-18.

Decision rationale: The claimant sustained a work injury in September 2014 and continues to be treated for radiating back pain. Medications being prescribed included Norco referenced as providing a 50% decrease in pain with 50% improvement in activities of daily living and gabapentin at an average daily total dose of 1800 mg per day providing 840% improvement. When seen, there was lumbar paraspinal muscle and right sacroiliac joint tenderness. There was a positive right straight leg raise. Right-sided sacroiliac joint testing was positive. Norco was refilled had a total MED (morphine equivalent dose) of 40 mg per day. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of greater than 1200 mg per day. In this case, the claimant's gabapentin dosing is consistent with recommended guidelines and therefore is medically necessary.

Norco 10/325mg quantity 120 with two refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in September 2014 and continues to be treated for radiating back pain. Medications being prescribed included Norco referenced as providing a 50% decrease in pain with 50% improvement in activities of daily living and gabapentin at an average daily total dose of 1800 mg per day providing 840% improvement. When seen, there was lumbar paraspinal muscle and right sacroiliac joint tenderness. There was a positive right straight leg raise. Right-sided sacroiliac joint testing was positive. Norco was refilled had a total MED (morphine equivalent dose) of 40 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing pain control and improved function. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.