MAXIMUS Federal Services

Case Number:	CM15-0102561		
Date Assigned:	06/04/2015	Date of Injury:	11/17/2000
Decision Date:	07/08/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/28/2015

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: California
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 61 year old male, who sustained an industrial injury on November 17, 2000. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having low back pain, lumbar degenerative disc disease, lumbar postlaminectomy syndrome, muscle pain, and chronic pain syndrome. Diagnostic studies to date have included MRI, CT discography, electrodiagnostic studies, and urine drug screening. Treatment to date has included physical therapy, a home exercise program, a back brace, lumbar epidural steroid injections, ice, and medications including pain, muscle relaxant, anti-epilepsy, and non-steroidal anti-inflammatory. On May 8, 2015, the injured worker complains of aching low back and bilateral leg pain, which is unchanged. Associated symptoms include intermittent tingling, which is improved with anti-epilepsy medication. His pain is rated: without medication = 8-9/10 and with medication = 4-6/10. His medications are helpful in decreasing his pain, which allows him to work around the house, travel, and spend time with family. The physical exam revealed normal strength of the bilateral lower extremities, slight decreased sensation in the left lateral foot, tenderness over the bilateral lumbar paraspinals, slightly limited lumbar flexion and extension, and a post left straight leg raise. The treating physician noted that the urine drug screen performed on April 7, 2015 showed the injured worker was taking his opiate medication appropriately and not taking any illicit substances. The treatment plan includes Neurontin and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AEDs Page(s): 16-21.

Decision rationale: Regarding request for gabapentin (Neurontin), Chronic Pain Medical Treatment Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, recent progress notes indicate the patient has improved pain with the current medication regimen with Norco. However, it is unclear whether this is a result of Neurontin. As such, the currently requested gabapentin (Neurontin) is not medically necessary.

Norco 10/325mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 76-80.

Decision rationale: Regarding the request for Norco (Hydrocodone/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's pain from 9/10 to 3-6/10. There are also improvement in function, documentation of pain contract, and consistent urine drug screens. Lastly, the patient has no side effects on medication. As such, the currently requested Norco (Hydrocodone / acetaminophen) is medically necessary.