MAXIMUS Federal Services

Case Number:	CM15-0107917		
Date Assigned:	06/12/2015	Date of Injury:	04/06/2001
Decision Date:	07/16/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/04/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [redacted] employee who has filed a claim for chronic knee, hip, low back, and bilateral upper extremity pain reportedly associated with an industrial injury of April 6, 2001. In a Utilization Review report dated May 15, 2015, the claims administrator failed to approve requests for Norco and Neurontin, apparently prescribed and/or dispensed on or around May 14, 2015. The applicant's attorney subsequently appealed. On January 20, 2015, the applicant's pain levels were described as having worsened. The applicant was described as miserable, poorly functioning, having declined, and largely bedridden. The applicant was using OxyContin, Norco, Neurontin, Provigil, and Plavix, it was reported. The applicant had undergone earlier failed cervical and lumbar spine surgeries. The applicant was depressed, it was further noted. Norco, OxyContin, and permanent work restrictions imposed by the applicant's medical-legal evaluator were renewed. It was not clear that the applicant was working with said limitation in place. On February 17, 2015, the applicant was described as "absolutely miserable." The applicant was avoiding interacting with others, it was reported. The applicant was using six tablets of Norco a day, despite ongoing usage of OxyContin. The applicant was using a walker to move about. On May 12, 2015, the applicant was again described as having difficulty performing activities of daily living as basic as standing and walking. The applicant's ability to perform activities of self-care and personal hygiene remained constrained, it was reported. The applicant posited that she was worsened without her medications. The applicant was again described as using a walker to move about on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240, dispensed 5/14/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids, specific drug list, Hydrocodone/Acetaminophen; Weaning of Medications Page(s): 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Norco, a short-acting opioid, is not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant did not appear to be working following imposition of permanent work restrictions imposed by medical-legal evaluator, it was reported on multiple cases, referenced above. The attending provider's commentary on May 12, 2015 to the effect that the applicant's ability to perform self-care and personal hygiene had been compromised likewise did not make any compelling case for continuation of opioid therapy. The attending provider's commentary to the effect that the applicant is still using a walker to move about, including on May 12, 2015, likewise does not make a compelling case for continuation of opioid therapy with Norco. The attending provider's commentary on February 17, 2015 to the effect that the applicant was having difficulty concentrating, was having difficulty reading books, was having difficulty interacting with others likewise suggested that the applicant was not profiting from ongoing opioid therapy. Finally, the attending provider's commentary on January 20, 2015 to the effect that the applicant was largely bedridden likewise suggested that the applicant was not deriving appropriate analgesia and/or improvements of function with ongoing Norco usage. Therefore, the request is not medically necessary.

Neurontin 800mg, QTY: 90, dispensed 5/14/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs), dispensed 5/14/15 Page(s): 16, 17, 18, 19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, GabaroneTM, generic available) Page(s): 19.

Decision rationale: Similarly, the request for Neurontin (gabapentin), an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Medical Treatment Guidelines, applicants using gabapentin (Neurontin) should be asked "at each visit" as to whether there have been improvement in pain and/or function effected as a result of the same. Here, however, it did not appear that the applicant had in fact profited as a result of ongoing Neurontin (gabapentin) usage. The applicant did not appear to be working. Permanent work restrictions imposed by medical-

legal evaluator were renewed, unchanged, from visit to visit, despite ongoing Neurontin (gabapentin) usage. Ongoing usage of gabapentin failed to curtail the applicant's dependence on opioid agents such as OxyContin and Norco. The applicant continued to report difficulty performing activities of daily living as basic as self-care, personal hygiene, ambulating, getting up out of bed, etc., despite ongoing medication consumption, including ongoing Neurontin (gabapentin) consumption. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request is not medically necessary.

Neurontin 400mg, QTY: 90, dispensed 5/14/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, GabaroneTM, generic available) Page(s): 19.

Decision rationale: Similarly, the request for Neurontin (gabapentin), an anticonvulsant adjuvant medication, is likewise not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Medical Treatment Guidelines, applicants using gabapentin (Neurontin) should be asked "at each visit" as to whether there have been improvement in pain and/or function effected as a result of the same. Here, however, it did not appear that the applicant had in fact profited as a result of ongoing Neurontin (gabapentin) usage. The applicant did not appear to be working. Permanent work restrictions imposed by medical-legal evaluator were renewed, unchanged, from visit to visit, despite ongoing Neurontin (gabapentin) usage. Ongoing usage of gabapentin failed to curtail the applicant's dependence on opioid agents such as OxyContin and Norco. The applicant continued to report difficulty performing activities of daily living as basic as self-care, personal hygiene, ambulating, getting up out of bed, etc., despite ongoing medication consumption, including ongoing Neurontin (gabapentin) consumption. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request is not medically necessary.