

Case Number:	CM15-0130439		
Date Assigned:	07/17/2015	Date of Injury:	04/24/2009
Decision Date:	08/12/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/07/2015

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:

This is a 59 year old male with an April 24, 2009 date of injury. A progress note dated May 6, 2015 documents subjective complaints (chronic back pain; using Neurontin for paresthesias down the lower extremities; walking in a hunched over position for so long that his neck is starting to hurt; able to walk at least forty five minutes to an hour longer with medications than without), objective findings (forward antalgic gait; assistance of a cane; increased pain with cervical and lumbar extension; difficult time straightening to an upright position), and current diagnoses (chronic lower back pain; lumbar spine stenosis; multilevel disc bulges; depression). Treatments to date have included medications, multiple magnetic resonance imaging of the lumbar spine (showed multilevel degenerative disc changes, disc protrusions, and stenosis), and negative electromyogram of the bilateral lower extremities. The medical record indicates that medications help control the pain. The treating physician documented a plan of care that included Norco and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #120 with 2 refills: Overturned

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

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

Decision rationale: The claimant sustained a work injury in April 2009 and continues to be treated for radiating back pain. Medications are referenced as bringing pain to a tolerable level and improving his function. With medications he is able to walk for at least 45 minutes to an hour longer than without medications. When seen, he had an antalgic gait with use of a cane. He had increased pain with spinal extension. He had difficulty straightening to an upright position. Medications being prescribed included Norco at a total MED (morphine equivalent dose) of 40 mg per day and Neurontin at 2400 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 improved function and walking tolerance. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

Neurontin 800mg with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18.

Decision rationale: The claimant sustained a work injury in April 2009 and continues to be treated for radiating back pain. Medications are referenced as bringing pain to a tolerable level and improving his function. With medications he is able to walk for at least 45 minutes to an hour longer than without medications. When seen, he had an antalgic gait with use of a cane. He had increased pain with spinal extension. He had difficulty straightening to an upright position. Medications being prescribed included Norco at a total MED (morphine equivalent dose) of 40 mg per day and Neurontin at 2400 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 consistent with that recommendation and is effective. Ongoing prescribing was medically necessary.