

Case Number:	CM15-0131281		
Date Assigned:	07/17/2015	Date of Injury:	07/06/2011
Decision Date:	08/19/2015	UR Denial Date:	06/26/2015
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: Arizona, Michigan

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:

This then said 32-year-old male sustained a work related injury on 07/06/2011. He reported injury to his back. According to a progress report dated 06/16/2015, subjective complaints included lumbar pain. Pain was rated 4 on a scale of 1-10 with Norco, but was increased to 7 without. Activity was better with medications. There were no side effects and no aberrant drug behavior. He had difficulty with prolonged sitting, standing, lifting, pushing, pulling, bending and heavy lifting. He had started acupuncture. Diagnoses included lumbar strain/sprain and lumbar degenerative disc disease status post-surgery. The treatment plan included Hydrocodone 7.5/325 mg #120 and Gabapentin 600 mg #90. He remained permanent and stationary. Permanent work restrictions were unchanged. Currently under review is the request for Norco 7.5/325 mg every 6 hours #120 with no refills and Gabapentin 600 mg #90 three times a day with no refills. Documentation submitted for review notes the use of Norco dating back to 12/05/2014 and the use of Gabapentin dating back to 02/06/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg Q6 #120 no refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management-Opioids Page(s): 9, 78.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. Chronic Pain Medical Treatment Guidelines state that on-going management of opioid therapy should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Information from family members or other caregivers should be considered in determining the patient's response to treatment. In addition to pain relief, the practitioner should monitor side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. In this case there was no discussion of the least reported pain over the period since the last assessment, average pain, and the intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts and specific improvement in function. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of specific improvement in the work status, activities of daily living, and dependency on continued medical care with use of Norco. Medical necessity for the requested treatment is not established. The requested treatment is not medically necessary.

Gabapentin 600mg #90 TID no refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AED), Gabapentin Page(s): 16-17, 49.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines recommend anti-epilepsy drugs for neuropathic pain (pain due to nerve damage). There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials for the use of this class of medications for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: a switch to a different first-line agent (tricyclic antidepressant, serotonin norepinephrine reuptake inhibitor or antiepileptic drug are considered first line treatment) or combination therapy if treatment with a single drug agent fails. 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 antiepileptic drugs depends on improved outcomes versus tolerability of adverse effects. MTUS guidelines state that Gabapentin is an anti-epilepsy drug (AEDs) also referred to as anti-convulsants, which has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. In this case, documentation failed to show objective evidence of specific functional improvement with use of Gabapentin. There was no documentation of a 30-50% reduction of pain with use of Gabapentin. Medical necessity for the requested treatment was not established. The requested treatment is not medically necessary.