

Case Number:	CM15-0141655		
Date Assigned:	07/31/2015	Date of Injury:	12/04/2003
Decision Date:	08/28/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/21/2015

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 47 year old female who sustained an industrial injury on 12-4-2003. She was injured by maneuvering a trash can and experienced a sudden onset of pain in the low back as well as chest wall tightness. She reported low back pain radiating to both legs and has been diagnosed with failed back syndrome status post lumbar effusion and left L4-L5 disc bulge and stenosis, status post cervical fusion. Treatment included physical therapy, medications, injections, surgery, and medical imaging. Physical examination noted the trapezius muscles were extremely tight. There was bilateral spasm palpated throughout the back, worse on the left. She was tender to palpation at the left low back. The treatment plan included medications, follow up, and a urine toxicology screen. The treatment request included Norco and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
On-going management of Opioids.

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

Decision rationale: The claimant sustained a work-related injury in December 2003 and is being treated for low back and lower extremity pain and has a diagnosis of failed back surgery syndrome. When seen, there had been significant improvement after bilateral sacroiliac joint injections. Norco is referenced as providing complete pain relief with improved standing and walking tolerance and ability to sleep. Physical examination findings included decreased spinal range of motion. There was more pain with flexion. There was right thoracic and left lumbar tenderness. Medications include gabapentin at a dose of 1200 mg per day and Norco. The total MED (morphine equivalent dose) is less than 120 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. 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 relief with improved activity tolerance and sleep, reflecting an improved quality of life. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

Gabapentin 600mg #60: Overturned

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 Antiepilepsy drugs (AEDs) Page(s): 16-18.

Decision rationale: The claimant sustained a work-related injury in December 2003 and is being treated for low back and lower extremity pain and has a diagnosis of failed back surgery syndrome. When seen, there had been significant improvement after bilateral sacroiliac joint injections. Norco is referenced as providing complete pain relief with improved standing and walking tolerance and ability to sleep. Physical examination findings included decreased spinal range of motion. There was more pain with flexion. There was right thoracic and left lumbar tenderness. Medications include gabapentin at a dose of 1200 mg per day and Norco. The total MED (morphine equivalent dose) is less than 120 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 at least 1200 mg per day. In this case, the claimant's gabapentin dosing is consistent with that recommendation and she is being treated for lower extremity radicular pain. Ongoing prescribing was medically necessary.