

Case Number:	CM15-0147280		
Date Assigned:	08/10/2015	Date of Injury:	06/07/2007
Decision Date:	09/04/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/29/2015

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, Florida, 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 injured worker is a 52-year-old female, who sustained an industrial injury on 6-7-07. The injured worker was diagnosed as having chronic low back pain status post lumbar fusion on L1-L2 and lumbar radiculopathy. Treatment to date has included L4-S1 decompression fusion and L5-S1 discectomy, a lumbar transforaminal epidural steroid injection, TENS, a home exercise program, and medication. On 5-5-15, pain was rated as 9-10 of 10 without medication and 6-7 of 10 with medication. On 6-30-15, pain was rated as 7-8 of 10. The injured worker had been taking Gabapentin since at least 4-6-15 and Norco since at least 2-9-15. Currently, the injured worker complains of low back pain with radiation to the left buttock and leg. Numbness and burning in the left foot were also noted. The treating physician requested authorization for Norco 5-325mg #60 with 1 refill and Gabapentin 300mg #90 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79, 80 and 88 of 127.

Decision rationale: This claimant was injured 8 years ago with chronic low back pain status post lumbar fusion on L4-S1 and lumbar radiculopathy. Treatment to date has included L4-S1 decompression fusion and L5-S1 discectomy, a lumbar transforaminal epidural steroid injection, TENS, a home exercise program, and medication. As of June, there is still significant pain. There is subjective improvement with medicine, but objective functional improvement is not known. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids: (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.

Gabapentin 300mg #90 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16 of 127 and page 19 of 127.

Decision rationale: This claimant was injured 8 years ago with chronic low back pain status post lumbar fusion on L4-S1 and lumbar radiculopathy. Treatment to date has included L4-S1 decompression fusion and L5-S1 discectomy, a lumbar transforaminal epidural steroid injection, TENS, a home exercise program, and medication. As of June, there is still significant pain. There is subjective improvement with medicine, but objective functional improvement is not known. The MTUS notes that anti-epilepsy drugs (AEDs) like Gabapentin are also referred to as anti-convulsants, and are recommended for neuropathic pain (pain due to nerve damage). However, there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. It is not clear in this case what the neuropathic pain generator is, and why therefore that Gabapentin is essential. Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. This claimant however has neither of those conditions. The request is not medically necessary under the MTUS evidence-based criteria.