

Case Number:	CM15-0148741		
Date Assigned:	08/12/2015	Date of Injury:	05/25/2000
Decision Date:	09/09/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/31/2015

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, California
 Certification(s)/Specialty: Family Practice

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 54-year-old male, who sustained an industrial injury on May 25, 2000. Treatment to date has included MRI of the lumbar spine, bilateral transforaminal epidural steroid injection, medications, ice-heat therapy, and home exercise program. Currently, the injured worker complains of low back pain with bilateral lumbar radiculopathy, right shoulder pain and left wrist tendinitis. He reports that his pain is 80% relieved following his epidural one month previously. He rates his pain without medications as a 5 on a 10-point scale and notes that his pain is worse in the morning. He reports that his pain is decreased with his pain medication maintenance regimen, activity restriction and rest. This allows him to complete his necessary activities of daily living. The injured worker reports that the pain causes a mild level of interference with sleep patterns, with mood, concentration and overall general functioning. On physical examination, the injured worker has mild tightness with lumbar movement and his flexion is 30% restricted. He is unable to extend his lumbar spine and has negative straight leg raise. He has 20% restriction of his right shoulder in all movement and significant crepitus is noted. The diagnoses associated with the request include chronic pain syndrome, thoracic or lumbosacral neuritis or radiculitis, degeneration of lumbar or lumbosacral intervertebral disc, lumbago, myalgia and myositis, dysesthesia and spasm of muscle. The treatment plan includes continued heat-ice therapy, continued home, gabapentin, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

Decision rationale: According to the MTUS guidelines: Gabapentin (Neurontin) 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. Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does have radiculopathy. The treatment duration was longer than recommended. Pain score reductions were not as significant as a few months ago and the symptom relief attributed to Gabapentin cannot be determined. The continued and chronic use of Gabapentin is not medically necessary.

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on opioids including Oxycodone for several months with reduced effectiveness of Norco recently via pain scores than prior months, indicating tolerance. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.