

Case Number:	CM15-0162731		
Date Assigned:	08/31/2015	Date of Injury:	08/20/2012
Decision Date:	10/15/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/19/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59 year old female, who sustained an industrial injury on 8-20-2012. The mechanism of injury is not described. The current diagnoses are spondylolisthesis at L3-4, multi-level disc protrusion at L3-S1, radiculopathy, and bilateral knee sprain-strain. According to the progress report dated 7-30-2015, the injured worker complains of low back pain with radicular symptoms. In addition, she reports knee pain. The level of pain is not rated. The physical examination of the lumbar spine reveals pain to palpation, lordosis, palpable paraspinal muscle spasms, limited and painful range of motion, decreased motor strength (4-5) in the left quadriceps and extensor hallucis longus, slightly diminished sensation in the left thigh and left foot, and positive straight leg raise on the left. The current medications are Norco and Gabapentin. There is documentation of ongoing treatment with Norco and Gabapentin since at least 3-25-2015. Treatment to date has included medication management, x-rays, MRI studies, and electrodiagnostic testing. Work status is described as permanent and stationary. A request for Norco and Gabapentin has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 tablets of Gabapentin 300mg with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The patient presents with back pain and bilateral knee pain. The request is for 120 TABLETS OF GABAPENTIN 300MG WITH 3 REFILLS. The request for authorization is not provided. Physical examination of the lumbar spine reveals pain to palpation. Palpable paraspinal muscle spasms. Limited range of motion secondary to pain. Sensation is slightly diminished in the left thigh as well as left foot area. Straight leg raising on the left side is positive. Patient's treatments include anti-inflammatory medication, physical therapy, modification of activities, and pain medications. Patient's medications include Norco and Gabapentin, help pain reduction 8-9/10 to 6/10. Per progress report dated 07/30/15, the patient is P&S and unable to work. MTUS Guidelines, Gabapentin section on pg 18, 19 states, "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." Per progress report dated 07/30/15, treater's reason for the request is "For Leg neuropathic pain. Help leg pain 50%." Patient has been prescribed Gabapentin since at least 03/25/15. The patient continues with back and knee pain, a neuropathic condition for which Gabapentin is indicated. In this case, the treater does discuss and document the medication efficacy in terms of pain reduction however; treater does not discuss or document improvement in function, as required by MTUS page 60 for all chronic pain medications. Therefore, the request IS NOT medically necessary.

180 tablets of Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents with back pain and bilateral knee pain. The request is for 180 TABLETS OF NORCO 10/325MG. The request for authorization is not provided. Physical examination of the lumbar spine reveals pain to palpation. Palpable paraspinal muscle spasms. Limited range of motion secondary to pain. Sensation is slightly diminished in the left thigh as well as left foot area. Straight leg raising on the left side is positive. Patient's treatments include anti-inflammatory medication, physical therapy, modification of activities, and pain medications. Patient's medications include Norco and Gabapentin, help pain reduction 8-9/10 to 6/10. Per progress report dated 07/30/15, the patient is P&S and unable to work. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average

pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, p 90 states, "Hydrocodone has a recommended maximum dose of 60mg/24 hrs." Per progress report dated 07/30/15, treater's reason for the request is "for severe pain." Patient has been prescribed Norco since at least 03/25/15. MTUS requires appropriate discussion of the 4A's; however, in addressing the 4A's, treater does not discuss how Norco significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is discussed, specifically showing pain reduction with use of Norco. No validated instrument is used to show functional improvement. There is no documentation regarding adverse effects or aberrant drug behavior. No UDS CURES or opioid contract is provided for review. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.