MAXIMUS Federal Services

Case Number:	CM15-0164156		
Date Assigned:	09/01/2015	Date of Injury:	10/10/2002
Decision Date:	10/21/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/21/2015

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: New Jersey
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 48 year old male injured worker suffered an industrial injury on 10-10-2002. The diagnoses included lumbar fusion, cervical discogenic conditions, discogenic lumbar condition and chronic pain syndrome. The treatment included surgery and medications. The diagnostics included lumbar spine computerized tomography. On 7-10-2015, the treating provider reported chronic neck pain and low back pain with pain in the arms and legs with numbness and tingling. On exam there was quite a bit of stiffness with range of motion of 50% of the cervical spine and 20% of the lumbar spine. The medications helped to reduce the pain typically by 30% to 50%. The injured worker had not returned to work. The requested treatments included Gabapentin and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #90: 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 MTUS Guidelines state that anti-epilepsy drugs (or anti-convulsants) are recommended as first line therapy for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects is required for continual use. Preconception counseling is advised for women of childbearing years before use, and this must be documented. In the case of this worker, although there was report of numbness and tingling, there was limited record of physical examination findings, which confirmed ongoing neuropathic pain to warrant gabapentin use. Also, although it was reported generally that the medications used (Norco, gabapentin) together produced a moderate pain reduction, there was no effort made to separate out the effectiveness of gabapentin, nor was there a report of specific functional gains directly related to the gabapentin. Without this included in the notes, the gabapentin is not medically necessary at this time until it is provided for review.

Norco 10/325mg #90: 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): Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient documentation that this full review was completed recently regarding the Norco use. There was a general report of pain reduction with the medications used, but no specific report of functional gain related to the Norco, independent of the other medications used to help justify the continuation of the Norco. Considering these factors, the Norco is not medically necessary at this time.