

Case Number:	CM15-0164942		
Date Assigned:	09/02/2015	Date of Injury:	04/19/2011
Decision Date:	10/22/2015	UR Denial Date:	08/11/2015
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: 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 41 year old male who sustained an industrial injury on 04-19-2011. Current diagnoses include status post motor vehicle accident on 04-09-2011, low back pain, lumbar disc protrusion at L5-S1 with bilateral L5 radiculitis, neck pain, cervical spondylosis, cervical disc bulge at C3-4 with moderate central canal stenosis and mild cord compression, cervical degenerative disc disease, and post concussion syndrome. Report dated 08-04-2015 noted that the injured worker presented with complaints that included neck pain and low back pain. The physician noted that the injured worker has been experiencing increased back pain that has been radiating to the legs, and numbness in the left foot. Pain level was 4 (without medications) and 2 (with medications) out of 10 on a visual analog scale (VAS). Physical examination revealed positive straight leg raise bilaterally, mild tenderness on the lumbar paraspinal muscles, and decreased sensation. Previous diagnostic studies included MRI's, electrodiagnostic studies, and urine toxicology screening. Previous treatments included medications, epidural injections, and physical therapy. The treatment plan included recommendations for repeating the lumbar epidural steroid injections, trial of a home H-wave unit, prescription for Topamax, continue ibuprofen, prescriptions for Norco and Neurontin, and re-evaluation in 2 months. The utilization review dated 08-11-2015, modified the request for Norco 10-325 mg, #60 to Norco 10-325 mg, #30, and Neurontin 300 mg, #60 with one refill to Neurontin 300 mg, #30 no refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, quantity: 60: 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.

Decision rationale: The patient presents with neck and low back pain. The request is for Norco 10/325mg, Quantity: 60. Physical examination to the lumbar spine on 08/04/15 revealed tenderness to palpation over the paraspinal muscles. Straight leg raising test was positive bilaterally, more on the left. Patient's treatments have included medication, lumbar ESI, and physical therapy with benefits. Per Request For Authorization form dated 08/06/15, patient's diagnosis include cervical DDD, cervical spinal stenosis, cervical spondylosis, low back pain, and lumbar discogenic pain. Patient's medications, per 04/08/15 Request For Authorization form include Gabapentin and Norco. Patient is permanent and stationary. 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, p77, 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, Opioids For Chronic Pain Section, pages 80 and 81 states, "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." The treater has not specifically discussed this request. The utilization review letter dated 08/19/15 has modified the request from #60 to #30, recommending tapering. Review of the medical records provided indicates that the patient has been utilizing Norco since at least 02/11/15. However, there are no discussions in regards to Norco's impact on the patient's pain and function. No before and after pain scales are used for analgesia. No ADL's are discussed showing specific functional improvement. While UDS test results are current and consistent with patient's medications, there are no discussions on adverse effect and other measures of aberrant behavior. Outcome measures are not discussed and no validated instruments are used showing functional improvement as required by MTUS. Furthermore, MTUS does not support long-term use of opiates for chronic low back pain and on-going use of opiates does not appear appropriate for this patient's condition. The request is not medically necessary.

Neurontin 300mg, quantity: 60 with 1 refill: 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 neck and low back pain. The request is for Neurontin 300mg, Quantity: 60 With 1 Refill. Physical examination to the lumbar spine on 08/04/15 revealed tenderness to palpation over the paraspinal muscles. Straight leg raising test was positive bilaterally, more on the left. Patient's treatments have included medication, lumbar ESI, and physical therapy with benefits. Per Request For Authorization form dated 08/06/15, patient's diagnosis include cervical DDD, cervical spinal stenosis, cervical spondylosis, low back pain, and lumbar discogenic pain. Patient's medications, per 04/08/15 Request For Authorization form include Gabapentin and Norco. Patient is permanent and stationary. MTUS Chronic Pain Treatment Guidelines 2009, pg 18, 19, Specific Anti-Epilepsy Drugs section 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." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater has not discussed reason for the request. The utilization review letter dated 08/11/15 has modified the request to 30 tablets with no refills. In review of the medical records provided, a prescription for Neutontin was first note in progress report dated 02/11/15 and the patient has been utilizing this medication at least since then. However, the treater has not discussed how this medication significantly reduces patient's pain and helps with activities of daily living. MTUS page 60 states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The request is not in accordance with guideline recommendations and therefore, is not medically necessary.