

Case Number:	CM15-0168689		
Date Assigned:	09/09/2015	Date of Injury:	02/07/2008
Decision Date:	10/13/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/27/2015

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: Emergency 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 51 year old male, who sustained an industrial injury on 2-7-2008. The medical records submitted for this review did not include the details regarding the initial injury or a complete list of prior treatments to date. Diagnoses include chronic pain, status post lumbar fusion. Currently, he complained of ongoing low back pain with radiation to the left lower extremity. Pain was rated 8.5 out of 10 VAS. It was documented he was taking Norco four times a day to manage the pain. On 8-7-15, the physical examination documented decreased range of motion. The documentation from the evaluation dated 6-26-15 documented Gabapentin was minimally effective in managing pain. A prescription for Gabapentin 300mg, one tablet twice a day was prescribed with two refills on that date. This appeal requested authorization for an unspecified amount of Gabapentin and Norco 10-325mg, #180 tablets. The Utilization Review dated 8-17-15 denied this request stating the records did not document functional improvement, dose and frequency, and evidence of a narcotic contract per the California MTUS Chronic Pain Medical Treatment Guidelines and per the low back complaints ACOEM practice guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin unspecified amount: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Gabapentin (Neurontin) is an anti-epileptic drug with efficacy in neuropathic pain. It is most effective in polyneuropathic pain. Patient has been on this medication for at least several months and there is no documentation of actual benefit. There is no documentation of any objective improvement with only some vague reports of subjective improvement. Provider claims that patient reported improvement in pain but there is no noted decrease in opioid intake or objective assessment of functional status. The request received for Independent Medical Review is also incomplete with no noted dose, total tablets or refills included in request. Gabapentin is not medically necessary.

Norco 10/325mg #180 with no refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Patient continues to report pain with no documentation of any significant objective improvement in pain or function. There is no documentation of long term plan except for a vague statement concerning potential weaning from Norco in the future. Documentation does not support Norco. Norco 10/325mg #180 with no refills is not medically necessary.