

Case Number:	CM15-0181310		
Date Assigned:	09/22/2015	Date of Injury:	03/11/2011
Decision Date:	11/03/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/14/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 60 year old male, who sustained an industrial injury on March 11, 2011. He reported low back pain with lower extremity symptoms. The injured worker was diagnosed as having lumbar sprain and strain, disc disorder of the lumbar region, and degeneration of intervertebral discs of the lumbar spine. Treatment to date has included diagnostic studies and medications. Currently, the injured worker continues to report low back pain characterized as sharp and aching with spasms, stiffness and radiating pain, tingling and numbness into the left leg and left foot. The injured worker reported an industrial injury in 2011, resulting in the above noted pain. He was without complete resolution of the pain. Evaluation on March 18, 2015, revealed severe low back pain with radiation. Home physical therapy was recommended. The treatment plan included "pain medications" but did not list them. Evaluation on July 10, 2015, revealed continued pain as noted. The lumbar examination revealed positive spasms, tenderness of the lumbar paraspinal muscles and the spinous processes, increased to the right, tenderness to the sacroiliac joint and a positive straight leg raise test on the left and right. It was noted the lumbar range of motion was decreased and painful. Medications including Norco and Gabapentin were continued. Physical therapy was recommended. The RFA included requests for Gabapentin 350 mg #40 and Norco 10/325 mg #40 and was non-certified on the utilization review (UR) on August 19, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #40: 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 (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Guidelines also have "Steps to Take Before a Therapeutic Trial of Opioids." Guidelines go on to state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Within the documentation available for review, there is no indication that the patient has tried and failed non-opioid analgesics, nor the names of such medications and the duration they were used. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.

Gabapentin 350 mg #40: 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: Regarding request for gabapentin, Chronic Pain Medical Treatment Guidelines state that anti-epilepsy drugs (AEDs) are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, the last reviewer states the patient had already been tried on gabapentin and there was not documentation of pain relief and improvement in function. The documents do show some type of pain medication being used in the past, however the names of such medications and the duration they were used is not mentioned. In the absence of such documentation, the currently requested gabapentin is not medically necessary.