

Case Number:	CM15-0187180		
Date Assigned:	09/29/2015	Date of Injury:	03/19/2007
Decision Date:	11/06/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/23/2015

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 52 year old male injured worker suffered an industrial injury on 3-19-2007. The diagnoses included chronic lumbar radiculopathy, lumbar post-laminectomy syndrome, cervical radiculopathy and depression. On 9-2-2015, the treating provider reported continued intractable low back pain and leg pain. He was unable to stand over 20 degrees. There was neck pain that radiated down the bilateral arms. He requested GABA2K, which had provided relief in the past. He complained of GI distress with Cymbalta. On exam, the injured worker was in a wheelchair with positive bilateral straight leg raise and decreased sensation in the posterolateral thighs. In the neck, there were spasms and positive Spurlings test. The provider reported the urine drug screen was compliant. The documentation provided did not include evidence of a comprehensive pain evaluation with pain levels with and without medications, no evidence of functional improvement with treatment and no detailed aberrant risk assessment except for 7-8-2015 urine drugs screen. Prior treatment included lumbar decompression with 3 levels, epidural steroid injection and physical therapy. Diagnostics included urine drug screen 1-6-2012, 2-10-2012, 7-8-2015 cervical and lumbar magnetic resonance imaging 11-29-2012. Norco had been in use at least since 4-15-2015. Request for Authorization date was 9-2-2015. The Utilization Review on 9-11-2015 determined non-certification for Norco 10/325 #60 and Gaba 2k ointment #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #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): Opioids, criteria for use, Opioids for chronic pain, Opioids, cancer pain vs. nonmalignant pain.

Decision rationale: The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. It cites opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated specific improvement in daily activities, decreased in medical utilization or change in functional status. Additionally, there is no demonstrated evidence of specific increased functional status derived from the continuing use of opioids in terms of decreased pharmacological dosing with persistent severe pain for this chronic injury without acute flare, new injury, or progressive neurological deterioration. The Norco 10/325 #60 is not medically necessary and appropriate.

Gaba 2k ointment #1: 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: Although Neurontin (Gabapentin) 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; however, submitted reports have not adequately demonstrated the specific symptom relief or functional benefit from treatment already rendered for this chronic injury nor identified any intolerance to oral medications requiring topical formulation. Medical reports have not demonstrated specific change, progression of neurological deficits or neuropathic pain with functional improvement from treatment of this chronic injury in terms of increased ADLs and work status, decreased pharmacological dosing and medical utilization for this chronic 2007 injury. Previous treatment with topical Gaba has not resulted in any functional benefit and medical necessity has not been established. The Gaba 2k ointment #1 is not medically necessary and appropriate.