

Case Number:	CM15-0187941		
Date Assigned:	09/29/2015	Date of Injury:	08/25/2011
Decision Date:	11/13/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/24/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of August 25, 2011. In separate Utilization Review reports dated December 14, 2015, the claims administrator failed to approve requests for Norco and a gabapentin-containing topical compound. The claims administrator referenced an August 20, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On an RFA form dated August 23, 2015, a gabapentin-containing topical compound, Norco, Prilosec, Zofran, Neurontin, urine drug testing, and a lumbar epidural steroid injection were endorsed. On an associated progress note of the same date, August 23, 2015, the applicant reported ongoing complaints of low back pain. The applicant was using a cane to move about. The applicant was off of work and had not worked since 2011. The applicant was status post earlier shoulder surgery, it was reported. The attending provider stated that the applicant's pain scores were reduced from 8/10 without medications to 7/10 with medications. The attending provider contended that the applicant would be unable to walk without her medications. Multiple medications were renewed while the applicant was seemingly kept off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #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.

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, the treating provider reported on the August 27, 2015 office visit at issue. The applicant had not worked since 2011, it was acknowledged. While the attending provider did recount a low-grade reduction in pain scores from 8/10 without medications to 7/10 with medications, reportedly achieved as a result of ongoing medication consumption, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Norco usage. The attending provider's commentary to the effect that the applicant would be unable to walk without her medications did not constitute evidence of a meaningful benefit achieved as a result of the same and was, as noted previously, outweighed by the applicant's failure to return to work. Therefore, the request was not medically necessary.

CM 1-Gabapentin 10% cream: 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): Topical Analgesics.

Decision rationale: Similarly, the request for a gabapentin-containing topical cream was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, i.e., the primary ingredient in the compound in question, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound was not recommended, the entire compound was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.