

Case Number:	CM15-0196381		
Date Assigned:	10/12/2015	Date of Injury:	06/30/2008
Decision Date:	11/24/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/06/2015

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:

This 40 year old woman sustained an industrial injury on 6-30-2008. Treatment has included oral medications. Physician notes dated 9-2-2015 show complaints of chronic neck and low back pain with recent sciatic-type complaints down the right lower extremity. The physical examination shows tenderness to palpation at the base of the cervical spine, guarded with neck motion and moderate pain with extreme motion. Motor examination was normal, sensation is normal to light touch and biceps, triceps, and brachioradialis reflexes were 0-1+. Low back shows tenderness to palpation to the bilateral paralumbar musculature. Range of motion to the thoracolumbar region showed forward flexion 45 degrees, extension 10 degrees, and bilateral lateral bending 15 degrees all with pain. Straight leg raise produced pain tot eh low back and buttock on the right side. Motor and sensory examinations were normal, quadriceps reflexes were 1-2+ and symmetric, Achilles reflexes were 0-1+ and symmetric. Recommendations include Vicoprofen, Norco, Gabapentin, and follow up in six weeks. Utilization review denied requests for Norco and Neurontin on 9-30-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #60: Upheld

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

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

Decision rationale: The current request is for NORCO 10/325MG, #60. The patient's treatment history is not provided in the medical file. The patient remains on modified duty. 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." Per report 09/202/15, the patient presents with chronic neck and low back pain with recent "sciatic type" complaints down the right lower extremity. The treater states that "the medication given to her through the office significantly reduces her VAS scores." The treater further notes that "Without medication, the patient has a VAS score of 82. With current regimen of medication, the patient's function has dramatically improved. The VAS score has been reduced to 26." The patient reported minimum 6 hours of pain relief with improved quality of life. Current medications include Vicoprofen, Norco and gabapentin. The patient has been on this medication regimen since April 2015. MTUS requires appropriate discussion of all the 4A's. In addressing the 4A's, the treater does not discuss how this medication significantly improves the patient's activities of daily living. In addition, there are no documentation regarding adverse effects and aberrant drug behavior. No UDS, CURES or opioid contract are provided, either. Given the lack of documentation as required by MTUS, the request IS NOT medically necessary and the patient should be weaned per MTUS

Neurontin 600mg, #60 with 1 refill: Overturned

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

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

Decision rationale: The current request is for Neurontin 600mg, #60 with 1 refill. The patient's treatment history is not provided in the medical file. The patient remains on modified duty. MTUS, Antiepilepsy drugs (AEDs) Section, pages 18 and 19 has the following regarding Gabapentin: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be

effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered as a first-line treatment for neuropathic pain." Per report 09/202/15, the patient presents with chronic neck and low back pain with recent "sciatic type" complaints down the right lower extremity. The treater states that "the medication given to her through the office significantly reduces her VAS scores." The treater further notes that "Without medication, the patient has a VAS score of 82. With current regimen of medication, the patient's function has dramatically improved. The VAS score has been reduced to 26." The patient reported minimum 6 hours of pain relief with improved quality of life. Current medications include Vicoprofen, Norco and gabapentin. The patient has been on this medication regimen since April 2015. In this case, the patient presents with radicular symptoms for which the use of Neurontin is indicated. MTUS page 60 requires documentation of pain assessment and function as related to medications used for chronic pain. The treater has documented a decrease in pain and has reported that the patient's quality of life improved with the use of current medications. Therefore, the request IS medically necessary.