

Case Number:	CM15-0200554		
Date Assigned:	10/15/2015	Date of Injury:	04/21/2005
Decision Date:	11/25/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/13/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58 year old male who sustained an industrial injury on 4-21-05. A review of the medical records indicates he is undergoing treatment for status post neck surgery with chronic pain, status post thoracic spine surgery x 3 with chronic pain and status post lumbar spine surgery with chronic pain. The medical records (5-18-15, 7-13-15, and 9-14-15) indicate that the injured worker's "symptoms persist" since last being seen. The 5-18-15 record indicates that he "continues to have neck pain and low back pain" and "needs medications for pain relief". The record states that the use of medications "allows the pain to decrease by at least 50% allowing him to do his activities of daily living". The 9-14-15 record indicates that he "continues to have quite a bit of pain" and "needs medications for pain relief". The objective findings (9-14-15) reveal tenderness in the paraspinal muscle of the thoracic spine. Diminished range of motion is noted in the cervical and lumbar spine. Motor strength is noted at "5 out of 5" in the upper and lower extremities. Treatment includes a home exercise program and medications consisting of Norco and Gabapentin. He has been receiving both medications since, at least, 3-30-15. His work status is not indicated in the reviewed records. The utilization review (9-24-15) includes requests for authorization of Gabapentin 800mg #90 with one refill and Norco 5-325mg #120 with one refill. Both requests were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 800mg #90 with 1 Refill: 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: The claimant has a remote history of a work injury occurring in April 2005 when he had neck pain into the shoulders and right upper extremity when assisting a customer and lifting a large disc. Treatments have included cervical, thoracic, and lumbar spine surgeries. Medications are referenced as decreasing pain by at least 50% and allowing for performance of activities of daily living and a home exercise program. In May 2015 extra strength Vicodin and gabapentin were being prescribed. The total MED (morphine equivalent dose) was 30 mg per day and the gabapentin dose was 2400 mg per day. When seen, he was having persistent symptoms and quite a bit of pain. His medications had not been authorized. VAS scores were not recorded and the nature of the claimant's pain was not further described. Physical examination findings included healed incisions in the cervical, thoracic, and lumbar spine. There was decreased cervical and thoracic range of motion. Norco and gabapentin were prescribed. The MED was 20 mg per day. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. In this case, there was no description of the claimant's pain. A diagnosis of neuropathic pain is not supported. For this reason, the request is not medically necessary.

Norco 5/325mg #120 with 1 Refill: 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: The claimant has a remote history of a work injury occurring in April 2005 when he had neck pain into the shoulders and right upper extremity when assisting a customer and lifting a large disc. Treatments have included cervical, thoracic, and lumbar spine surgeries. Medications are referenced as decreasing pain by at least 50% and allowing for performance of activities of daily living and a home exercise program. In May 2015 extra strength Vicodin and gabapentin were being prescribed. The total MED (morphine equivalent dose) was 30 mg per day and the gabapentin dose was 2400 mg per day. When seen, he was having persistent symptoms and quite a bit of pain. His medications had not been authorized. VAS scores were not recorded and the nature of the claimant's pain was not further described. Physical examination findings included healed incisions in the cervical, thoracic, and lumbar spine. There was decreased cervical and thoracic range of motion. Norco and gabapentin were prescribed. The MED was 20 mg per day. A pain assessment should include the current level of pain, the least reported level of pain over the period since the last assessment, and the average level of pain. In this case, the claimant's level of pain when this request was made is not documented. Without an adequate baseline assessment, an objective response to treatment cannot be appropriately documented. For this reason, the request is not medically necessary.