

Case Number:	CM15-0204399		
Date Assigned:	10/21/2015	Date of Injury:	07/08/2012
Decision Date:	12/02/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/19/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 55 year old female, who sustained an industrial-work injury on 7-8-12. She reported initial complaints of neck, back, and hip pain. The injured worker was diagnosed as having chronic back pain and lumbar and cervical radiculopathy. Treatment to date has included medication, hip steroid injection on 8-28-15 with 25% relief for a day and a half, cervical ESI (epidural steroid injection), trigger point injection, Toradol injections, 3-4 chiropractic sessions, and 11 physical therapy sessions. Currently, the injured worker complains of neck, mid back low back left hip pain, jaw, left ear and headaches. Pain was getting worse since last exam. Per the primary physician's progress report (PR-2) on 9-9-15, exam noted decreased cervical thoracic, lumbar range of motion, left hip range of motion with pain, and tenderness to palpation over the right trapezius, cervical, and thoracic paraspinals, left lower lumbar facets, left hip trochanteric bursa, and left piriformis. There was left calf atrophy, decreased sensation over left C7-8, L5-S1 dermatome, decreased motor strength with left plantar flexion, dorsiflexion, wrist extension, left deltoid, bicep, and extensor hallucis longus, and positive testing for lumbar nerve compromise. The Request for Authorization requested service to include Gabapentin 600mg #60 and Norco 10/325mg #90. The Utilization Review on 10-8-15 denied the request for Gabapentin 600mg #60 and Norco 10/325mg #90, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #60: Upheld

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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Antiepilepsy drugs (AEDs), Gabapentin.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Gabapentin 600 mg #60 is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions and fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug. In this case, the injured worker's working diagnoses are lumbar spine disc herniation; lumbar radiculopathy; chronic neck pain; chronic thoracic spine pain; left hip DJD; cervical myofascial pain; and left hip trochanteric bursitis. Date of injury is July 8, 2012. Request for authorization is October 5, 2015. According to the utilization review Norco was prescribed as far back as February 2015. According to the progress note dated April 22, 2015, Norco was prescribed TID with Flexeril, clonazepam and Pamelor. There is no documentation of gabapentin in the current list of medications. According to a September 9, 2015 progress note, the clinical entry indicates gabapentin was discontinued because it was ineffective. Norco was continued to the b.i.d - q.i.d. According to an October 7, 2015 progress note, subjective complaints included neck pain, back pain and hip pain. The back and hip pain scores were 10/10. Neck pain was 5/10. The treatment plan indicates a plan to start a trial of oxycodone to replace Norco. There is no documentation demonstrating objective functional improvement with ongoing gabapentin. According to the progress note documentation stated September 9, 2015, gabapentin was discontinued. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, the discontinuation of gabapentin on September 9, 2015 and no documentation demonstrating objective functional improvement, Gabapentin 600 mg #60 is not medically necessary.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg # 90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's

decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are lumbar spine disc herniation; lumbar radiculopathy; chronic neck pain; chronic thoracic spine pain; left hip DJD; cervical myofascial pain; and left hip trochanteric bursitis. Date of injury is July 8, 2012. Request for authorization is October 5, 2015. According to the utilization review Norco was prescribed as far back as February 2015. According to the progress note dated April 22, 2015, Norco was prescribed TID with Flexeril, clonazepam and Pamelor. There is no documentation of gabapentin in the current list of medications. According to a September 9, 2015 progress note, the clinical entry indicates gabapentin was discontinued because it was ineffective. Norco was continued to the tid-qid. According to an October 7, 2015 progress note, subjective complaints included neck pain, back pain and hip pain. The back and hip pain scores were 10/10. Neck pain was 5/10. The treatment plan indicates a plan to start a trial of oxycodone to replace Norco. There is no documentation demonstrating objective functional improvement to support ongoing Norco. As noted above, the treating provider started a trial of oxycodone to replace Norco. There is no clinical indication or rationale for continuing Norco. There are no detailed pain assessments or risk assessments in the medical record. There is no documentation showing an attempt to wean Norco. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement in the treatment plans to replace Norco with an oxycodone trial, Norco 10/325mg # 90 is not medically necessary.