

Case Number:	CM15-0205541		
Date Assigned:	10/22/2015	Date of Injury:	03/02/2007
Decision Date:	12/04/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/20/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 52 year old female, who sustained an industrial-work injury on 3-2-07. She reported initial complaints of neck and shoulder pain. The injured worker was diagnosed as having advanced cervical disc disease status post cervical fusion C4-5, C5-6, and C6-7, severe compensatory cervico-thoracic junction kyphosis, myofascial pain, anterior surgical cervical adhesions, GERD (gastroesophageal reflux disease), severe depression, sleep dysfunction, left shoulder ankylosis, and migraine headaches. Treatment to date has included medication, psychological testing, surgery, and diagnostics. Currently, the injured worker complains of neck, shoulder pain, along with headaches and sleep disruption. There was a discontinuation of Horizant due to increased vertigo and use of Gabapentin at night improved neuralgia by 50% with efficacy and function. Norco reduced the pain level by 50%. A longer acting Horizant Gabapentin was prescribed. She continues to walk and perform exercises, sleep 4-6 hours, and has limited ADL's (activities of daily living), but improving. An opiate contract was signed 10-4-14. Per the primary physician's progress report (PR-2) on 10-6-15, exam notes neck remaining anteriorly protracted and flexed in a static position with 30-40 degree cervico-thoracic junction kyphosis, tenderness to palpation and to vibration, positive Spurling's and Adson's maneuver, tenderness to palpation at cervico-thoracic junction. Neck had positive neural tension signs, tingling in hands with range of motion. The cervical spine has hyperirritable foci located in palpable taut bands in the levator scapula, trapezius, and rhomboid muscles. Shoulders had decreased range of motion. The Request for Authorization requested service to include Norco (Hydrocodone/APAP) 10/325mg #60 with 0 refills and Horizant (Gabapentin/Enacarbil) 300mg

#30 with 0 refills. The Utilization Review on 10-16-15 modified the request for Norco (Hydrocodone/APAP) 10/325mg #48 with 0 refills and non-certified Horizant (Gabapentin/Enacarbil) 300mg #30 with 0 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (Hydrocodone/APAP) 10/325mg #60 with 0 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Detoxification, Implantable drug-delivery systems (IDDSs), Methadone, Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, psychological intervention, Opioids, screening for risk of addiction (tests), Opioids, specific drug list, Opioids, steps to avoid misuse/addiction, Opioid hyperalgesia, Substance abuse (tolerance, dependence, addiction), Testosterone replacement for hypogonadism (related to opioids), Weaning of Medications.

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

Decision rationale: Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of Norco is not substantiated in the records. Therefore, the requested treatment is not medically necessary.

Horizant (Gabapentin/Enacarbil) 300mg #30 with 0 refills: 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 rationale: Per the guidelines, 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. For chronic non-specific axial low back pain, there is insufficient evidence to recommend the use of gabapentin. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects. The medical records fail to document any improvement in pain, functional status or a discussion of side effects specifically related to gabapentin to justify use. The medical necessity of gabapentin is not substantiated in the records. Therefore, the requested treatment is not medically necessary.