

Case Number:	CM15-0209821		
Date Assigned:	10/28/2015	Date of Injury:	05/20/2003
Decision Date:	12/09/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/26/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 51 year old male, who sustained an industrial injury on 5-20-2003. A review of the medical records indicates that the injured worker is undergoing treatment for chronic lumbar radiculopathy, chronic myofascial pain, muscle spasm, chronic thoracic spine pain, and fibromyalgia-myositis. On 9-22-2015, the injured worker reported mid and low back pain. The Primary Treating Physician's report dated 9-22-2015, noted the injured worker underwent left cubital tunnel surgery on 8-7-2015 with numbness and tingling in his fingers gone, going to physical therapy and doing very well. The injured worker was noted to have responded well to trigger point injections, and continued to take his medications with a pain reduction noted from a 7-8 out of 10 to a 4 out of 10 taking Neurontin for neuropathic-radicular pain, prescribed since at least 4-9-2014, Norco and Ultram for around the clock reduction of pain, prescribed since at least 4-9-2014, and Flexeril for the reduction of chronic spasms, having trialed and failed Soma, Baclofen, and Zanaflex. The physical examination was noted to show limited range of motion (ROM) of the thoracic and lumbar spine, musculoskeletal trigger points palpable with illicit twitch response bilaterally in the parathoracic and flank regions and right paralumbar region. The treatment plan was noted to include a refill of the medications as the Physician noted no evidence of abuse, diversion, hoarding, or impairment, monitored with random urine drug screens and CURES with improvement in function such as ambulation, grooming, dressing, driving, job duties, and activities with his family. The request for authorization dated 9-24-2015, requested Ultram 50mg #120, 240 Neurontin 300mg (██████████), and 240 Norco 10-325mg (██████████). The Utilization Review (UR) dated 9-30-2015, certified the request for requested Ultram 50mg #120, and non-certified the requests for 240 Neurontin 300mg (██████████) and 240 Norco 10-325mg (██████████).

IMR ISSUES, DECISIONS AND RATIONALES

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

240 Neurontin 300mg (██████████): 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) BMJ. 2015 Apr 16; 350: h1748. doi: 10.1136/bmj. h1748. Epidural steroid injections compared with gabapentin for lumbosacral radicular pain: multicenter randomized double blind comparative efficacy study. Cohen SP1, Hanling S2, Bicket MC3, White RL4, Veizi E5, Kurihara C6, Zhao Z7, Hayek S8, Guthmiller KB9, Griffith SR10, Gordin V11, White MA12, Vorobeychik Y13, Pasquina PF14. J Back Musculoskelet Rehabil. 2009;22 (1): 17-20. doi: 10.3233/ BMR-2009-0210. Gabapentin monotherapy in patients with chronic radiculopathy: the efficacy and impact on life quality. Yildirim K1, Deniz O, Gureser G, Karatay S, Ugur M, Erdal A, Senel K.

Decision rationale: According to the MTUS guidelines: Gabapentin (Neurontin) 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. Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does have lumbar radiculopathy. According to the referenced articles, the use of Neurontin is beneficial for quality of life and comparative to invasive procedures. The claimant had improvement with the medications. Continued use is appropriate and medically necessary.

240 Norco 10-325mg (██████████): 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 for chronic pain, Opioids for neuropathic pain.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long-term use has not been supported by any trials. In this case, the claimant had been on Norco for several years in combination with Tramadol. There was no mention of tricyclic or weaning failure. Long-term use is not indicated. Continued use is not medically necessary.