

Case Number:	CM15-0020307		
Date Assigned:	02/09/2015	Date of Injury:	07/18/2012
Decision Date:	04/03/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/03/2015

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:

The injured worker is a 44-year-old female who reported an injury on 07/18/2012. The mechanism of injury was the injured worker was putting furniture into a cart and a strong gust of wind came and knocked her down. The diagnoses included status post right hernia repair. Prior therapies included an injection. The injured worker's medications included hydrocodone/acetaminophen 10/325, Klonopin and Cymbalta. The injured worker underwent urine drug screens. There was a request for authorization submitted for review dated 12/23/2014. The documentation of 12/15/2014 revealed the injured worker had a right hip injection on 12/04/2014. The injured worker complained of low back pain and right hip pain that was constant and severe. The objective findings revealed the injured worker utilized a wheeled walker to ambulate. The injured worker had a positive straight leg raise bilaterally. The injured worker had tendinitis along the entire lumbar spine and the lumbar spine paravertebral muscles. The diagnoses included status post right hernia repair. The treatment plan included Norco and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #90, 1 tab tid: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AEDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend antiepilepsy medications as a first line medication for the treatment of neuropathic pain. The clinical documentation submitted for review failed to provide the duration of use. There was a lack of documentation indicating the injured worker had neuropathic pain. If the medication had been utilized for an extended duration, there should be documentation of an objective decrease of pain of at least 30% to 50% and documentation of objective functional improvement per the guidelines. The clinical documentation failed to indicate whether the medication was a current or a new medication. There was a lack of documented rationale for the use of Gabapentin. Given the above, the request for Gabapentin 600mg #90, 1 tab tid is not medically necessary.

Norco 10/325 #120, 1 tab q6 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain; ongoing management Page(s): 60; 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior. There was a lack of documentation of objective functional improvement, objective decrease in pain, and documentation the injured worker was being monitored for side effects. The request as submitted failed to notate mg; however the lack of notation of mg was not a determination for the denial. Given the above, the request for Norco 10/325 #120, 1 tab q6 hours is not medically necessary.