

Case Number:	CM15-0210987		
Date Assigned:	10/29/2015	Date of Injury:	12/04/2003
Decision Date:	12/18/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/27/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of December 4, 2003. In a Utilization Review report dated October 1, 2015, the claims administrator failed to approve requests for Norco and Neurontin. The claims administrator referenced a September 9, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On an RFA form dated September 25, 2015, Neurontin, tramadol, Lunesta, Norco, Butrans, and Lyrica were all prescribed. On a progress note dated October 9, 2015, the applicant reported ongoing issues with back and leg pain, 8/10 without medications versus 4-5/10 with medications. The attending provider contended that the applicant's ability to do housekeeping and/or cooking in unspecified amounts was ameliorated as a result of ongoing medication consumption. The applicant's medications included Norco, Lyrica, Flexeril, diclofenac, Neurontin, and Butrans, the treating provider reported, several of which were renewed and/or continued. The applicant was apparently in the process of considering a spinal cord stimulator trial, the treating provider reported. The applicant had issues with moderate-to-severe depression present, the treating provider acknowledged. Sleeping remained problematic secondary to the applicant's burning-like pain complaints, the treating provider reported. The applicant had received earlier sacroiliac joint injections, the treating provider acknowledged. The applicant had undergone earlier failed cervical and lumbar spine surgeries, the treating provider reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Gabapentin 600mg #60 with 3 refills: 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): Introduction, Antiepilepsy drugs (AEDs).

Decision rationale: No, the request for gabapentin (Neurontin), an anticonvulsant adjuvant medication, was not medically necessary, medically appropriate, or indicated here. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider incorporate some discussion of applicant-specific variables such as "other medications" into his choice of pharmacotherapy. Here, however, the attending provider's October 9, 2015 office visit failed to set forth a clear or compelling case for concurrent usage of 2 separate anticonvulsant adjuvant medications, Neurontin (gabapentin) and Lyrica. Page 19 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that applicants on gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function effected as a result of the same. Here, however, the applicant's work status was not clearly reported on October 9, 2015, suggesting that the applicant was not, in fact, working. Activities of daily living as basic as sleeping remained problematic, the treating provider reported. Ongoing usage of gabapentin failed to curtail the applicant's dependence on opioid agents such as Norco and Butrans, the treating provider acknowledged on October 9, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

1 prescription of Norco 10/325mg #180: 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 request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not reported on October 9, 2015, suggesting that the applicant was not, in fact, working. While the treating provider did recount a reported reduction in pain scores effected as a result of ongoing Norco usage, these reports were, however, outweighed by the attending provider's failure to report the applicant's work status, the applicant's seeming failure to return to work, and the attending provider's failure to identify meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Norco usage. The attending provider's commentary on

October 9, 2015 to the effect that the applicant's ability to perform housekeeping and cooking in unspecified amounts as a result of ongoing medication consumption did not constitute evidence of a meaningful improvement in function achieved as a result of ongoing Norco usage and was, as noted previously outweighed by the applicant's seeming failure to return to work. Therefore, the request was not medically necessary.