

Case Number:	CM15-0212258		
Date Assigned:	11/02/2015	Date of Injury:	11/17/2000
Decision Date:	12/15/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/28/2015

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 Jersey

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 62 year old male, who sustained an industrial injury on 11-17-00. The injured worker was diagnosed as having lumbar degenerative disc disease, post lumbar laminectomy syndrome and chronic pain syndrome. Subjective findings (6-9-15, 7-10-15, 8-11-15 and 9-8-15) indicated pain in the lower back and bilateral legs. The injured worker rated his pain 8-9 out of 10 without medications and 3-4 out of 10 with medications. Objective findings (6-9-15, 7-10-15, 8-11-15 and 9-8-15) revealed tenderness over the paraspinal muscles, a positive straight leg raise test on the left and limited lumbar flexion and extension due to pain. As of the PR2 dated 10-6-15, the injured worker reports low back pain that is radiating to the left leg. He rates his pain 8-9 out of 10 without medications and 2-3 out of 10 with medications and indicated that Gabapentin helps with left leg tingling. Objective findings include tenderness over the lumbar paraspinal muscles, a positive straight leg raise test on the left and pain with lumbar flexion and extension. Current medications include Robaxin, Flexeril, Celexa, Mobic, Pamelor, Gabapentin (since at least 7-31-13) and Norco (since at least 7-31-13). Treatment to date has included a home exercise program, a spinal cord stimulator trial (approved) and a lumbar epidural injection on 12-2-14. The Utilization Review dated 10-19-15, non-certified the request for Norco 10-325mg #90 and Gabapentin 600mg #100.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Norco 10/325mg #90: Overturned

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, Opioids, long-term assessment.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, this full review appeared to be completed regularly leading up to this request. There was a reported significant and dramatic decrease in pain with the collective use of medications used, including Norco as prescribed to him. Function improved with Norco use and the worker was bedridden essentially if it was not used, showing clear functional benefit and pain reduction with its ongoing use. Therefore, this request for Norco is medically necessary.

1 Prescription of Gabapentin 600mg #100: Overturned

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): Antiepilepsy drugs (AEDs).

Decision rationale: The MTUS Guidelines state that antiepilepsy drugs (or anti-convulsants) are recommended as first line therapy for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects is required for continual use. Preconception counseling is advised for women of childbearing years before use, and this must be documented. In the case of this worker, gabapentin has been used regularly with a reported significant neuropathy symptom reduction with use and increase in pain as well as becoming bed ridden when this and other medications are not used, showing clear functional gain with its continued use. Therefore, gabapentin is medically necessary.