

Case Number:	CM15-0220479		
Date Assigned:	11/13/2015	Date of Injury:	09/29/2001
Decision Date:	12/24/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	11/09/2015

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, New York
 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 66 year old female, who sustained an industrial injury on 9-29-2001. The injured worker is undergoing treatment for: lumbar spine pain with radiculopathy. On 9-10-15 and 10/8/15, she reported low back pain. She rated her current pain 2-3 out of 10 and indicated her activity level as being able to walk 2-3 blocks, sit and stand for 15 minutes each at a time. Medications are indicated as helping up to 50 percent with no side effects. Horizant is noted as "helps great at night for nerve pain". Objective findings revealed decreased lumbar range of motion, positive bilateral straight leg raise testing. There is no discussion of aberrant behavior or pain reduction with Norco or MS Contin. The treatment and diagnostic testing to date has included: multiple physical therapy sessions, medications, electrodiagnostic studies (11-18-03), MRI of the cervical spine (9-9-03), MRI of the lumbar spine (11-4-03), lumbar spine surgery (date unclear), ice, weight loss, and home exercise program. Medications have included: Norco, MS Contin, Horizant. The records indicate she has been utilizing Norco and MS Contin since at least May 2015, possibly longer; and Horizant since at least August 2015. Current work status: not documented. The request for authorization is for: Norco 10-325mg quantity 150, and MS Contin 30mg quantity 60, and Horizant 600mg quantity 30. The UR dated 10-19-2015: modified certification of Norco 10-325mg quantity 70; non-certified the request for MS Contin 30mg quantity 60, and Horizant 600mg quantity 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #150: 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 is not medically necessary. The patient has been on opiates for extended amount of time with documentation of the improvement in pain and function. However, there was no documentation of two of the four A's of ongoing monitoring: side effects and aberrant drug-related behaviors. There are no urine drug screens or drug contract documented. Weaning was recommended. Because of these reasons, the request for Norco is not medically necessary.

MS Contin 30 mg # 60: 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 MS Contin is not medically necessary. The patient has been on opiates for extended amount of time with documentation of the improvement in pain and function. However, there was no documentation of two of the four A's of ongoing monitoring: side effects and aberrant drug-related behaviors. There are no urine drug screens or drug contract documented. Weaning was recommended. The long-term efficacy for chronic back pain is limited, and there is high abuse potential, the risks of MS Contin outweigh the benefits. The request is not medically necessary.

Horizant 600mg # 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chronic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain - Horizant (gabapentin enacarbil ER).

Decision rationale: The request is considered not medically necessary. MTUS guidelines do not address the use of Horizant. According to ODG guidelines, Horizant is not recommended as first line treatment. It is FDA approved for restless leg syndrome. There is no evidence of using it got neuropathic pain prior to use of Gabapentin regular release. The patient is not documented to have restless leg syndrome. Therefore, the request is not medically necessary.