

Case Number:	CM15-0039974		
Date Assigned:	03/24/2015	Date of Injury:	09/10/2009
Decision Date:	04/16/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/03/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56 year old male who sustained an industrial injury to on September 10, 2009. The injured worker was diagnosed with lumbar degenerative disc disease, thoracic/lumbosacral neuritis/radiculitis and lumbago. Most recent diagnostic tests include a magnetic resonance imaging (MRI) of the lumbar spine on May 5, 2014 and a cervical magnetic resonance imaging (MRI) in March 2013. There were no surgical interventions noted. According to the treating physician's progress report on February 5, 2015, the injured worker continues to experience increased neck and low back pain radiating to both legs associated with lower back spasms, weakness and numbness and tingling extending to the plantar aspect of the feet. Current medications consist of Gabapentin, Prilosec and Hydrocodone. Current treatment plan is to continue with conservative measures of home exercise program, stretching and moist heat along with tapering medication. The physician is requesting authorization for Gabapentin and Hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg, 1-2 tabs every evening as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drug (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), p16-18 Page(s): 16-18.

Decision rationale: The claimant has a history of work-related injury in 2009 and continues to be treated for chronic neck pain and low back pain with bilateral lower extremity radicular symptoms. Medications include Gabapentin being taken as needed. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of greater than 1200 mg per day with an adequate trial consisting of three to eight weeks. In this case, the claimant's gabapentin dosing is not consistent with recommended guidelines and therefore, as prescribed, not medically necessary.

Norco 5/325mg, 1 tab every 4-6 hours as needed: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter - Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86 Page(s): 8, 76-80, 86.

Decision rationale: The claimant has a history of work-related injury in 2009 and continues to be treated for chronic neck pain and low back pain with bilateral lower extremity radicular symptoms. Norco is being prescribed on a long term basis. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, and poor pain control appears related to being unable to obtain medications. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.