MAXIMUS Federal Services

Case Number:	CM15-0043443		
Date Assigned:	03/13/2015	Date of Injury:	10/19/2010
Decision Date:	10/02/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/09/2015

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: California
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:

This 59-year-old male sustained an industrial injury to the neck and low back on 10-19-10. Documentation did not disclose recent magnetic resonance imaging. Previous treatment included cervical fusion, physical therapy and medications. The injured worker underwent lumbar decompression at L4-5 and L5-S1 with release of L4, L5 and S1 nerve roots on 9-10-14. In a progress note dated 1-17-15, the injured worker complained of occasional lumbar pain, rated 5 out of 10 on the visual analog scale with medications. The injured worker reported that his postoperative pain had improved. The injured worker had completed 10 to 12 sessions of physical therapy and reported that it was very helpful. The injured worker was able to ambulate better and exhibited improved posture. Physical exam was remarkable for tenderness to palpation over the left trapezius, no restriction to lumbar spine range of motion, 5 out of 5 strength in all major muscle groups and intact sensation throughout. Current diagnoses included lumbar radiculitis, lumbar spinal stenosis with claudication lumbar degenerative disc disease. The treatment plan included continuing physical therapy, discontinuing Tramadol and continuing medications (Neurontin, Naproxen Sodium, Norco, Prilosec and Fexmid).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg tablet take 1-2 tabs every 4 hours as needed #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The long-term use of opioids is not supported per the MTUS guidelines due to the development of habituation, tolerance and hormonal imbalance in men. In addition, the MTUS guidelines state that in order to support continued opioid use, there should be improvement in pain and function. In this case, the medical records do not establish evidence of subjective and objective functional improvement despite the ongoing utilization of opioids. Furthermore, while the current MED (morphine equivalent dosage) 60 is below the recommend MED 120 by the MTUS guidelines, risks of adverse effects are documented in the literature at doses as low as 50 MED. Adverse effects include serious fractures, sleep apnea, hyperalgesia, immunosuppression, chronic constipation, bowel obstruction, myocardial infarction, and tooth decay due to xerostomia. Neuroendocrine problems include hypogonadism, erectile dysfunction, infertility, decreased libido, osteoporosis, and depression. The medical records note that Utilization Review has allowed for modification for weaning purposes. The request for Norco 10/325mg tablet take 1-2 tabs every 4 hours as needed #180 is not medically necessary and appropriate.

Gabapentin 600mg tablet take 1 tab 3x a day #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Gabapentin (Neurontin) Page(s): 16-21, 49.

Decision rationale: According to the MTUS guidelines, Anti-epilepsy drugs (AEDs) are also referred to as anti-convulsants and are recommended for neuropathic pain (pain due to nerve damage). In this case, the injured worker is diagnosed with lumbar spinal stenosis and the MTUS guidelines note that for those diagnosed with lumbar spinal stenosis, gabapentin produced statistically significant improvement in walking distance, decrease in pain with movement and sensory deficit in a pilot study. Gabapentin dosages range from 900 mg to 3600 mg in three divided doses. In addition, the injured worker is not an appropriate candidate for opioids and the request for analgesic adjuvants is supported. The request for Gabapentin 600mg tablet take 1 tab 3x a day #90 is medically necessary and appropriate.