

Case Number:	CM15-0052646		
Date Assigned:	03/26/2015	Date of Injury:	08/21/2001
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/19/2015

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, Illinois

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 injured worker is a 53 year old female, who sustained an industrial injury on August 21, 2001. She reported chronic lumbar pain with tingling, numbness and pain radiating to the lower extremities. The injured worker was diagnosed as having displacement lumbar intervertebral disc without myelopathy, chronic pain and post laminectomy syndrome. Treatment has included surgical intervention of the lumbar spine, medications a spinal cord stimulator acupuncture and work restrictions. Currently, the injured worker complains of chronic lumbar pain with tingling, numbness and pain radiating to the lower extremities. The injured worker reported an industrial injury in 2001, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on January 6, 2015, revealed continued pain as noted and right hip pain. Medications and a back brace were recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on August 21, 2001. The medical records provided indicate the diagnosis of displacement lumbar intervertebral disc without myelopathy, chronic pain and post laminectomy syndrome. Treatment has included surgical intervention of the lumbar spine, medications a spinal cord stimulator acupuncture and work restrictions. The medical records provided for review do not indicate a medical necessity for Norco 10/325 mg #45. The records indicate the injured worker has been using this for a long time, but the pain has been getting worse. There is no documentation of activities of daily living, The MTUS does not recommend the use of opioids for longer than 70 days for treatment of chronic pain due to lack of research in support of efficacy beyond 70 days. The MTUS recommends discontinuation of treatment if there is no overall improvement or if there is evidence of aberrant behavior. Therefore the request is not medically necessary.

Neurontin 300 mg #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-17.

Decision rationale: The injured worker sustained a work related injury on August 21, 2001. The medical records provided indicate the diagnosis of displacement lumbar intervertebral disc without myelopathy, chronic pain and post laminectomy syndrome. Treatment has included surgical intervention of the lumbar spine, medications a spinal cord stimulator acupuncture and work restrictions. The medical records provided for review do not indicate a medical necessity for Neurontin 300 mg #15. Neurontin (Gabapentin) is an antiepileptic medication. The MTUS criteria for the continued use of antiepileptics in the treatment of chronic pain include: the pain is Neuropathic pain, documented evidence of 30 % improvement with use of the antiepileptic medication. The records indicate the injured worker has been using the medication for a long time, but with no documented benefit; rather the pain is getting worse. Therefore the request is not medically necessary.