

Case Number:	CM15-0052832		
Date Assigned:	03/26/2015	Date of Injury:	02/19/2002
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
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, New York, California
 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 applicant is a represented 66-year-old who has filed a claim for chronic neck, mid back, low back, and wrist pain reportedly associated with an industrial injury of February 19, 2002. In a Utilization Review report dated February 28, 2015, the claims administrator failed to approve a request for Norco and Neurontin. A progress note dated February 3, 2015 was reference in the determination. The claims administrator incidentally noted that the applicant was status post carpal tunnel release surgery in September 2013. The applicant's attorney subsequently appealed. In a progress note dated February 12, 2015, the applicant reported ongoing complaints of low back pain status post earlier epidural steroid injection therapy, physical therapy, and facet joint injection therapy. Ancillary complaints of knee pain were noted. The note was difficult to follow as it mingled with historical issues with current issues. Neurontin, a topical compounded cream, a knee injection, and permanent work restrictions were endorsed. The applicant was described as unimproved. The applicant was asked to follow-up with a knee surgeon. No discussion of medication efficacy transpired. It did not appear that the applicant was working with permanent limitations in place. On November 13, 2014, the applicant was, once again, described as unimproved. Norco and Neurontin were renewed, again without any explicit discussion of medication efficacy. Heightened pain complaints were reported at the top of the report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was seemingly off of work as a progress note of November 2014 and February 2015, referenced above. The applicant's pain complaints were described as either worsened or unimproved. The attending provider failed to outline any meaningful or material improvements in function effected as a result of ongoing Norco usage (if any). Therefore, the request was not medically necessary.

Gabapentin 600 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone TM, generic available Page(s): 19.

Decision rationale: Similarly, the request for gabapentin, an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function effected as a result of the same. Here, however, the applicant was seemingly off of work as of progress notes of November 2014 and February 2015, referenced above. Permanent work restrictions were renewed, seemingly unchanged, from visit to visit, despite ongoing gabapentin usage. Ongoing gabapentin usage failed to curtail the applicant's dependence on opioid agents such as Norco. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of gabapentin. Therefore, the request was not medically necessary.