

Case Number:	CM15-0055287		
Date Assigned:	03/30/2015	Date of Injury:	02/17/2003
Decision Date:	05/06/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/23/2015

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: Florida

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(n) 58 year old female, who sustained an industrial injury on 2/17/03. She reported pain in her lower back that radiated to the left lower extremity related to repetitive trauma. The injured worker was diagnosed as having post laminectomy syndrome, left partial foot drop due to lumbar radiculitis and bilateral facet arthropathies. Treatment to date has included lumbar discectomy surgery, lumbar MRI, medial branch block, aqua therapy and pain medications. As of the PR2 dated 1/6/15, the injured worker reports continued lower back pain with radicular symptoms down the left lower extremity. The pain level with her current medications is 2-3/10. The treating physician noted that the injured worker has had several falls related to foot drop. The treatment plan includes an AFO brace, podiatry referral and continuing current medications. The treating physician requested to continue Norco 10/325mg and Neurontin 800mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Opioids, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, page(s) 110-115 Page(s): Criteria for use of opioids, page(s) 110-115.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of functional improvement. Likewise, this request is not considered medically necessary.

Neurontin 800mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific antiepilepsy drugs. Gabapentin. Page 18-19 Page(s): Specific antiepilepsy drugs. Gabapentin. Page 18-19.

Decision rationale: Gabapentin is recommended by MTUS guidelines in the treatment of neuropathic pain. However, records indicate that this patient has already been tried on Gabapentin, and failed to have any improvement with this medication, and was therefore weaned off of it in 2013. At this time, the patient's physician is requesting to have the patient restart Gabapentin. The medical necessity of this request is not established, as the physician's reasoning for such a request is not well understood from the documentation. Likewise, this request is not considered medically necessary.