

Case Number:	CM15-0058554		
Date Assigned:	04/03/2015	Date of Injury:	02/04/2003
Decision Date:	05/04/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/27/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 45 year old male, who sustained an industrial injury on 2/4/03. The injured worker has complaints of low back pain and left leg pain. The diagnoses have included status post lumbar fusion with subsequent revision; lumbar spine, degenerative disc disease; chronic low back pain and chronic radiculopathy. Treatment to date has included lumbar injection of epidural steroids; physical therapy; Norco for pain; Neurontin for neuropathic pain and baclofen for muscle spasms. The request was for Klonopin, Norco and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 1mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: This 45 year old male has complained of low back pain since date of injury 2/4/03. He has been treated with epidural steroid injection, physical therapy and medications to include Klonopin since at least 12/2014. The current request is for Klonopin. Per the MTUS guideline cited above, Klonopin is not recommended for long term use in the treatment of chronic pain and is recommended for no longer than 2-4 weeks if used at all. Per the MTUS guideline cited above, Klonopin is therefore not medically necessary in this patient as use of this medication has already exceeded the indicated recommended duration of use.

Norco 10/325 #180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 45 year old male has complained of low back pain since date of injury 2/4/03. He has been treated with epidural steroid injection, physical therapy and medications to include opioids since at least 12/2014. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not medically necessary.

Neurontin 600mg #180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin Page(s): 49.

Decision rationale: This 45 year old male has complained of low back pain since date of injury 2/4/03. He has been treated with epidural steroid injection, physical therapy and medications to include Neurontin since at least 12/2014. Neurontin is a first line agent used for the treatment of neuropathic pain, effective for the treatment of post herpetic neuralgia and diabetic neuropathy. There is no documentation in the available medical records which supports the presence of any of these diagnoses. On the basis of the MTUS guidelines cited above and the available medical documentation, Neurontin is not medically necessary.