

Case Number:	CM15-0081587		
Date Assigned:	05/04/2015	Date of Injury:	12/12/2013
Decision Date:	06/02/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/28/2015

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: New Jersey, New York
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 57 year old male, who sustained an industrial injury on 12/12/2013. The injured worker is currently diagnosed as having right L5 radiculopathy status post right L4-5 discectomy with postsurgical change. Treatment and diagnostics to date has included lumbar spine MRI, lumbar spine surgery, epidural injection, chiropractic treatment, physical therapy, and medications. In a progress note dated 03/19/2015, the injured worker presented with complaints of right lower back and buttock pain with numbness and tingling to his lateral calf and the top of his foot. The treating physician reported requesting authorization for Norco and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg (# unspecified): 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): 78-79.

Decision rationale: The request for Norco is not medically necessary. The patient has been on opiates for unclear amount of time without objective documentation of the improvement in pain and function. There is no documentation of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There are no urine drug screens or drug contract documented. There are no clear plans for future weaning, or goal of care. The quantity was not specified. Because of these reasons, the request for Norco is not considered medically necessary.

Neurontin 300mg (# unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anticonvulsants, Gabapentin Page(s): 16-19, 49.

Decision rationale: The request for Neurontin is medically unnecessary. As per MTUS guidelines, neurontin is used for neuropathic pain, especially for postherpetic neuralgia and diabetic neuropathy. The patient was diagnosed with radicular pain corroborated by MRI, but not neuropathic pain. According to MTUS, anticonvulsants have not been evaluated in the treatment of radicular pain. Therefore, the request is considered not medically necessary.