

Case Number:	CM15-0244150		
Date Assigned:	12/23/2015	Date of Injury:	09/05/2000
Decision Date:	01/28/2016	UR Denial Date:	12/03/2015
Priority:	Standard	Application Received:	12/15/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old male who sustained an industrial injury on 9-5-2000. A review of medical records indicates the injured worker is being treated for displacement of cervical intervertebral disc, displacement of lumbar intervertebral disc, cervicalgia, lumbago, and brachial neuritis. Medical records dated 11-18-2015 noted injuries to the back and neck. Pain with medications was rated 5 out of 10 and without medications 8 out of 10. Pain has improved since the last visit. Physical examination noted decreased range of motion to the neck and back. There was a positive straight leg raise to the left and right. Treatment has included Norco and Gabapentin since at least 7-22-2015. Utilization review modified Gabapentin 300mg #60 and Norco 10-325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180 with no refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The 52 year old patient complains of low back pain and neck pain, as per progress report dated 11/18/15. The request is for Norco 10/325mg #180 with no refill. The RFA for this case is dated 11/30/15, and the patient's date of injury is 09/05/00. The patient is status post left arm surgery, as per progress report dated 11/18/15. Diagnoses also included displacement of cervical intervertebral disc, displacement of lumbar intervertebral disc, cervicalgia, lumbago and brachial neuritis. Medications included Norco, Soma, Gabapentin, Diazepam, Ambien, Lipitor and Atenolol. The patient is on modified duty, as per the same report. MTUS, criteria for use of opioids section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, criteria for use of opioids section, page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, criteria for use of opioids section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, Norco is first noted in progress report dated 02/11/15. It is not clear when the opioid was initiated. As per progress report dated 11/18/15, medications reduce pain from 8/10 to 5/10. As per a functional assessment form completed during the visit, the patient can walk for 5 minutes, and sit and stand for 10 minutes without medications. However, with the use of Norco, the patient can do all these tasks for 20 minutes. The patient also reports being able to prepare meals and do household work for 15 minutes without medications and 30 minutes with Norco. In the 11/18/15 report, the treater also states that the patient is stable on current medication regimen. An attempt to wean Norco in the past led to notable losses in function. The patient is on the lowest effective dose at this time. As per progress report dated 12/16/15 (after the UR denial date), the patient's CURES is negative, urine toxicology screenings are appropriate, and there are no adverse reactions. An UDS report, dated 06/24/15, has been provided for review. Given the efficacy of Norco and a clear discussion regarding the 4 A's, the request for Norco appears reasonable and is medically necessary.

Gabapentin 300mg #60 x 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The 52 year old patient complains of low back pain and neck pain, as per progress report dated 11/18/15. The request is for Gabapentin 300mg #60 x 1 refill. The RFA for this case is dated 11/30/15, and the patient's date of injury is 09/05/00. The patient is status post left arm surgery, as per progress report dated 11/18/15. Diagnoses also included displacement of cervical intervertebral disc, displacement of lumbar intervertebral disc, cervicalgia, lumbago and brachial neuritis. Medications included Norco, Soma, Gabapentin, Diazepam, Ambien, Lipitor and Atenolol. The patient is on modified duty, as per the same report. MTUS Chronic Pain Medical Treatment Guidelines 2009 has the following regarding Gabapentin on pg 18, 19, Specific Anti-epilepsy Drugs section: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered as a first-line treatment for neuropathic pain." In this case, Gabapentin is first noted in progress report dated 02/11/15. It is not clear when the medication was initiated. As per progress report dated 11/18/15, medications reduce pain from 8/10 to 5/10. In progress report dated 10/21/15, the treater states that "Gabapentin continues to minimize his neuropathic pain." In progress report dated 07/22/15, the treater states Gabapentin allows him to walk, sit, and stands for longer periods. In progress report dated 06/24/15, the treater indicates that there are no side effects due to Gabapentin. In progress report dated 02/11/15, the treater states that Neurontin helps minimize the patient's radicular pain. Given the neuropathic pain and the efficacy of Gabapentin, the request appears reasonable and is medically necessary.