

Case Number:	CM14-0127929		
Date Assigned:	08/15/2014	Date of Injury:	02/24/2004
Decision Date:	09/30/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/11/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records, presented for review, indicate that this 48-year-old individual was reportedly injured on 2/24/2004. The mechanism of injury was not listed. The most recent progress note, dated 7/1/2014, indicated that there were ongoing complaints of neck and low back pains. The physical examination revealed the patient had a slightly antalgic gait. Lumbar spine had decreased range of motion in all planes. Decreased sensation was noted to the bilateral L3, L4, L5 and S1 dermatomes. There was also 4+/5 muscle strength bilaterally in the tibialis anterior, EHL, and hamstrings. There was also hyperreflexia bilaterally throughout the lower extremities. Positive straight leg raise was noted bilaterally at 60°^o, which radiated to the feet. Positive Slump test noted bilaterally. Positive Lasegue's test noted bilaterally. No recent diagnostic studies are available for review. Previous treatment included medications and conservative treatment. A request had been made for gabapentin 600 Mg #90 and Percocet 10/325 mg #90 and was not certified in the pre-authorization process on 7/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti Epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20, 49.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines consider Gabapentin (Neurontin) to be a first-line treatment for neuropathic pain. Based on the clinical documentation provided, there is no evidence that the injured employee has any neuropathic pain nor are any radicular symptoms noted on physical examination. As such, Gabapentin 600mg #90 is not medically necessary.

Percocet 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 Page(s): 74, 78, 93.

Decision rationale: The MTUS guidelines support short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic pain; however, there is no clinical documentation of improvement in the pain or function with the current regimen. As such, Percocet 10/325 MG #90 is not considered medically necessary.