

Case Number:	CM14-0136385		
Date Assigned:	09/03/2014	Date of Injury:	02/24/1999
Decision Date:	10/20/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/25/2014

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 Internal Medicine, and is licensed to practice in California. 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 patient is a 73 year old female who was injured on 02/29/1999. The mechanism of injury is unknown. Prior medication history included Neurontin, Norco, and Nucynta as of 06/25/2014 with a VAS of 9/10 with medications. Progress report dated 06/25/2014 recommended the patient to have complaints of low back pain on the right side and right leg pain. She rated the pain as 9/10. She reported Neurontin sometimes helps with the pain. On exam, she complained of fatigue and insomnia, depression and anxiety. Range of motion of the neck was decreased and there was lateral lumbar tenderness with palpation as well as left paralumbar and right paralumbar regions. Lumbar extension is less than 50% as well as flexion. She is diagnosed with low back pain/lumbago, finger pain, foot pain, and leg pain. She was instructed to continue Norco 10/325 mg and Neurontin 100 mg. Prior utilization review dated 07/30/2014 states the request for 1 Prescription of Neurontin 100mg #270 with 1 refill is not certified but has been modified to Neurontin 100 mg #64 with no refill; 1 Prescription of Norco 10/325mg #120 is modified to certify Norco 10/325 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 76-96.

Decision rationale: The guidelines recommend chronic opioid therapy for patients with chronic pain who have improved analgesia, improved level of functioning/ADLs, no significant side effects, and no aberrant behavior. The clinical documents did not adequately justify that the patient has had significant improvement in level of functioning and ADLs. As per the most recent note the norco is "barely touching" the pain. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary but will be partially certified for weaning for Norco 10/325 for 30 tablets.

1 Prescription of neurontin 100mg #270 with 1 refill: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/gabapentin.html>

Decision rationale: The guidelines recommend Neurontin as an option in the treatment of neuropathic pain. From the clinical documents it appears the patient has neuropathic pain. The clinical notes document the patient has had a clinical benefit from the Neurontin. Additionally, the patient is tapering Norco and should not taper multiple pain medications simultaneously. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.