

Case Number:	CM14-0165963		
Date Assigned:	10/13/2014	Date of Injury:	08/20/2012
Decision Date:	11/13/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/08/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 20, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; adjuvant medications; an H-Wave device; and extensive periods of time off of work. In a Utilization Review Report dated October 6, 2014, the claims administrator failed to approve a request for Norco and Gabapentin. The applicant's attorney subsequently appealed. In a January 16, 2014 progress note, the applicant reported persistent complaints of low back pain radiating to the left leg, 7-9/10, exacerbated by activities such as sitting, standing, driving, pushing, pulling, and bending. The applicant had not worked since the date of injury, it was acknowledged, either with her pre-injury employer or with any other employer. Norco, Neurontin, and an H-Wave device were sought. On June 5, 2014, it was again acknowledged that the applicant was not working. 8-10/10 low back pain radiating to the left leg were noted. Norco, Neurontin, and an interferential unit were endorsed while the applicant was kept off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 between 10/2/2014 and 11/16/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints and Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant continues to report pain complaints in the 7/10 range or greater, despite ongoing usage of Norco. The applicant is having difficulty performing activities of daily living as basic as standing, walking, pushing, and pulling, despite ongoing Norco usage. All of the foregoing, taken together, does not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.

Gabapentin 300mg #120 with 3 refills between 10/2/2014 and 11/16/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants on Gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as a result of the same. In this case, however, the applicant is off of work. The applicant continues to report 7-9/10 pain complaints, despite ongoing Gabapentin usage. Ongoing Gabapentin usage has failed to curtail the applicant's dependence on opioid agents such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Gabapentin. Therefore, the request is not medically necessary.