

Case Number:	CM14-0170567		
Date Assigned:	10/20/2014	Date of Injury:	05/06/2011
Decision Date:	11/20/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/15/2014

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 Emergency 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 injured worker is a 68 year-old male, who sustained an injury on May 6, 2011. The mechanism of injury occurred while lifting a box. Diagnostics have included: February 17, 2012 electromyography (EMG)/nerve conduction velocity (NCV) reported as showing C5-7 radiculopathy; August 23, 2013 lumbar MRI reported as showing multi-level degenerative disease; September 17, 2014 drug screen reported as showing consistent results of hydrocodone/hydromorphone; May 27, 2011 cervical MRI reported as showing C6-7 degenerative disc disease with neuroforaminal stenosis. Treatments have included: medications, injection, physical therapy, 2012 right knee surgery. The current diagnoses are: cervical degenerative disc disease, lumbar degenerative disc disease, lumbago-sciatica, sacroiliitis, brachial neuritis. The stated purpose of the request for Gabapentin 300mg #90 was not noted. The request for Gabapentin 300mg #90 was denied on October 1, 2014, citing a lack of documentation of functional improvement. The stated purpose of the request for Norco 7.5/325mg #120 was not noted. The request for Norco 7.5/325mg #120 was denied on October 1, 2014, citing a lack of documentation of functional improvement. Per the report dated October 2, 2014, the treating physician noted neck pain with radiation to both upper extremities, lower back pain with radiation to the right lower extremity, right lower extremity numbness and tingling, right knee pain. The treating physician also noted activities of daily living (ADL) functionality from the use of medications and has an executed narcotic pain contract on file updated as of July 9, 2014, consistent and current CURES report and drug screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy drugs Page(s): 16-18.

Decision rationale: The requested Gabapentin 300mg #90 is medically necessary. Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs, pages 16-18 note that anti-epilepsy drugs are "recommended for neuropathic pain due to nerve damage." The injured worker has neck pain with radiation to both upper extremities, lower back pain with radiation to the right lower extremity, right lower extremity numbness and tingling, right knee pain. This request was denied on October 1, 2014, citing a lack of documentation of functional improvement. However, the treating physician has documented improved ADL functionality from the use of medications and has an executed narcotic pain contract on file updated as of July 9, 2014, consistent and current CURES report and drug screening. The criteria noted above having been met; Gabapentin 300mg #90 is medically necessary.

Norco 7.5/325mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management; Opioids for Chronic Pain Page(s): 78-80; 80-82.

Decision rationale: The requested Norco 7.5/325mg #120 is medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, pages 78-80 and Opioids for Chronic Pain, pages 80-82 recommend continued use of this opiate for the treatment of moderate to severe pain with documented objective evidence of derived functional benefit as well as documented opiate surveillance measures. The injured worker has neck pain with radiation to both upper extremities, lower back pain with radiation to the right lower extremity, right lower extremity numbness and tingling, right knee pain. This request was denied on October 1, 2014, citing a lack of documentation of functional improvement. However, the treating physician has documented improved ADL functionality from the use of medications and has an executed narcotic pain contract on file updated as of July 9, 2014, consistent and current CURES report and drug screening. The criteria noted above having been met; Norco 7.5/325mg #120 is medically necessary.