

Case Number:	CM14-0093657		
Date Assigned:	09/12/2014	Date of Injury:	01/29/2007
Decision Date:	10/14/2014	UR Denial Date:	06/07/2014
Priority:	Standard	Application Received:	06/20/2014

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 & Rehabilitation & Pain Medicine and is licensed to practice in California and Washington. 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 64-year-old male who reported an injury on 01/29/2007. The mechanism of injury was not submitted for clinical review. Diagnoses included myofascial pain syndrome, left sided lumbar radiculopathy, chronic pain syndrome, lumbar facet joint pain, spasms of the back muscles. The previous treatments included medication. The medication regimen included Lidoderm, Protonix, Norco, gabapentin. In the clinical note dated 04/30/2014, it was reported the injured worker complained of low back pain. He rated his pain 7/10 to 8/10 in severity. On the physical examination, the provider noted the injured worker had moderate tenderness to palpation of the lumbar spine and tightness over the paraspinal musculature. Severe tenderness to palpation and spasms in the right buttock and right posterior thigh were noted. The provider requested Norco for pain and gabapentin. The Request for Authorization was submitted and dated 04/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #210 WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

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

Decision rationale: The request for NORCO 10/325MG #210 WITH 3 REFILLS is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider failed to document an adequate and complete physical examination within the documentation. The provider failed to document an adequate and complete pain assessment within the documentation. The request submitted failed to provide the frequency of the medication. The use of a urine drug screen was not submitted for clinical review. Therefore, the request is not medically necessary.

GABAPENTIN 300MG #120 WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI - EPILEPSY DRUG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

Decision rationale: The request for GABAPENTIN 300MG #120 WITH 3 REFILLS is not medically necessary. The California MTUS Guidelines note gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain. There is lack of documentation indicating the efficacy of the medication as evidenced functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.