

Case Number:	CM14-0095726		
Date Assigned:	07/25/2014	Date of Injury:	06/01/2013
Decision Date:	08/28/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/23/2014

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 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 primary treating physician file report of 01/20/2014 notes that the patient complained of low back pain radiating down the left thigh. The patient reported difficulty getting out of bed in the morning because he had so much pain. He had not increased his dose of Gabapentin yet. The treating physician noted that the patient was having difficulty rising in the morning because of low back pain. He planned to start a Butrans patch since this would give the patient around-the-clock pain medication. He also recommended that it was important to increase his dosage of Gabapentin. He recommended Norco for breakthrough pain. Additionally he also refilled Ketoflex compound ointment topically and recommended continuing Gabapentin and indicated he would await an appeal for a second caudal epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Chapter Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, initiating therapy Page(s): 77.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic Pain Medical Treatment Guidelines, section on opioids/steps before initiating therapy, page 77, states that the patient should set goals and the continued use of opioids should be continued on meeting those goals. Overall, the records do not fully document such goals or the 4 A's of opiate management overall. The records suggest that high doses of opioids are being utilized primarily with the goal of helping the patient get out of bed in the morning. More detailed and more specific or more substantial goals are not documented. At this time the medical records do not support indication for Norco on a chronic basis. This request is not medically necessary.

Flurbiprofen Ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Agents Page(s): 143.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic Pain Medical Treatment Guidelines, section on Topical Analgesics, states regarding topical antiinflammatory medication that the efficacy of such medications is inconsistent and likely only a short-term nature. The guidelines support this medication for short-term use but not clearly for chronic situations, such as in this case. This request is not medically necessary.

Gabapentin 500mg #60: 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 Antiepileptic medications Page(s): 18.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic Pain Medical Treatment Guidelines, section on Antiepileptic medications, page 18, states that Gabapentin has been considered as a first line treatment for neuropathic pain. Particularly given the recommendation to discontinue opioid medications, this would be recommended as a first line medication. Therefore, this request is medically necessary.