

Case Number:	CM14-0210154		
Date Assigned:	12/23/2014	Date of Injury:	09/20/1995
Decision Date:	02/28/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 61 year-old male with date of injury 09/20/1995. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/22/2014, lists subjective complaints as pain in the low back with radicular symptoms down the bilateral lower extremities. Patient reports that the current medication regime provides moderate relief. Objective findings: Examination of the lumbar spine revealed tenderness to palpation of the lower left mid back region. Range of motion was moderately limited in all directions. Motor exam was normal. Deep tendon reflexes were 2+/4 for the bilateral lower extremities. Decreased sensation to the L4-S1 dermatomes bilaterally. Straight leg raising was positive bilaterally. Diagnosis: 1. Degenerative lumbar intervertebral disc 2. Postlaminectomy syndrome, lumbar region 3. Chronic pain 4. Spasm of muscle, lumbar. Original reviewer modified medication request to Norco 10/325mg, #25 for weaning purposes. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as two years. Medication: 1. Norco 10/325mg, #90 SIG: one tablet every 8 hours. 2. Gabapentin 300mg, #60 SIG: one tablet every 8 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration evaluation and treatment in HELP: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Chronic pain programs (functional restoration programs).

Decision rationale: Criteria for admission to a multidisciplinary pain management program delineated in the Official Disability Guidelines are numerous and specific. The medical record must document, at a minimum, which previous methods of treating the patient's chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. In addition, an adequate and thorough multidisciplinary evaluation has been made. There should be documentation that the patient has motivation to change, and is willing to change their medication regimen (including decreasing or actually weaning substances known for dependence). There should also be some documentation that the patient is aware that successful treatment may change compensation and/or other secondary gains. The medical record does not contain documentation of the above criteria. Functional restoration evaluation and treatment in HELP is not medically necessary.

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 2 years. Norco 10/325mg #90 is not medically necessary.

Gabapentin 300mg #60: Upheld

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

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

Decision rationale: The MTUS states that gabapentin is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. An adequate trial period for

gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is no documentation of any functional improvement. Gabapentin 300mg #60 is not medically necessary.