

Case Number:	CM14-0218970		
Date Assigned:	01/09/2015	Date of Injury:	04/21/2008
Decision Date:	03/10/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	12/31/2014

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: Internal 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:

The injured worker is a 40 year old male who sustained an industrial injury on 4/21/08. The injured worker reported pain in the lower back. The diagnoses included sprain/strain lumbar region, headache, left hip strain/hip flexor strain and left greater trochanteric bursitis. Provider documentation noted an unremarkable previous surgical history. Treatments to date have included oral medications. Provider documentation dated 12/16/14 noted the injured worker presents with "persistent low back pain...with difficulty standing and walking at times" the treating physician is requesting hydrocodone APAP 10-325 mg x 120 and Gabapentin tablets 600 mg x 60. On 12/23/14 Utilization Review non-certified a request for hydrocodone APAP 10-325 mg x 120 and Gabapentin tablets 600 mg x 60 modifying it to hydrocodone APAP 10-325 mg x 60 and Gabapentin tablets 600 mg x 30, noting California MTUS Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone APAP 10-325 MG #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page 74-96. Hydrocodone/Acetaminophen Page 91..

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The treating physician's utilization review appeal letter dated 1/14/15 discussed the request for Norco 10/325 mg for the date of service 12/16/14. The patient continues to have low back pain radiating down into his left lower extremity with associated numbness and tingling. On lumbar examination, the patient does have spasm and guarding in the lumbar spine, positive straight leg raise on the left and ankle eversion strength is 4/5 on the left and dorsiflexion strength is 4/5 on the left. On review of neurologic systems, he complains of numbness and weakness. MRI magnetic resonance imaging of the lumbar spine dated 08/15/12 demonstrated multilevel degenerative changes. The patient continues to have low back pain, hip and shoulder pain. He notes his pain is aggravated with standing, prolonged sitting or being in one position for prolonged time. He rates his pain as 7/10 on VAS visual analogue scale without medications. He states that without medications, he is not able to perform much of his activities of daily living. He reports that his pain is reduced by about 50% with medications including Hydrocodone. He reports that he has much less throbbing pain and stinging pain in his back. He also reports that he is able to walk further with less pain, pick up his kids from school with less pain, put on his clothes and shower better with less pain. He is also able to continue his physical therapy and home exercise program for the left hip. He states that without medications, he is not able to perform much of his activities of daily living. Urine drug screening was dated 11/20/14. A medication management contract with the patient signed on 6/9/10. No aberrant drug taking behavior has been noted. He has been tolerating Hydrocodone without any side effects. This medication is providing adequate pain relief and functional improvement. Medical records document objective evidence of pathology. Medical records document objective evidence of pathology on MRI magnetic resonance imaging studies. Medical records document objective physical examination findings. Analgesia was documented. Activities of daily living were addressed. Evaluation for aberrant behavior was documented. Adverse side effects were addressed. Medical records document regular physician clinical evaluations and monitoring. Per MTUS, Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The request Norco (Hydrocodone/Acetaminophen) is supported by the medical records and MTUS guidelines. Therefore, the request for Norco 10/325 mg is medically necessary.

Gabapentin Tab 600 MG #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Gabapentin (Neurontin) Page(s): 18-19.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that Gabapentin (Neurontin) is considered as a first-line treatment for neuropathic pain. Gabapentin should not be abruptly discontinued. Medical records documented neuropathic pain. The treating physician's utilization review appeal letter dated 1/14/15 discussed the request for Gabapentin for the date of service 12/16/14. The patient continues to have low back pain radiating down into his left lower extremity with associated numbness and tingling. On lumbar examination, the patient does have spasm and guarding in the lumbar spine, positive straight leg raise on the left and ankle eversion strength is 4/5 on the left and dorsiflexion strength is 4/5 on the left. On review of neurologic systems, he complains of numbness and weakness. MRI magnetic resonance imaging of the lumbar spine dated 08/15/12 demonstrated multilevel degenerative changes. The patient does have subjective complaints, objective findings and diagnostic studies which indicate that he does have neuropathic pain. The patient uses this medication for systemic relief of his neuropathic pain. He reports that his pain is reduced by about 50% with medications including Gabapentin. He reports that he has much less throbbing pain and stinging pain in his back. He also reports that he is able to walk further with less pain, pick up his kids from school with less pain, put on his clothes and shower better with less pain. He states that without medications, he is not able to perform much of his activities of daily living. The medical records and MTUS guidelines support the medical necessity of the continuation of Gabapentin. Therefore, the request for Gabapentin is medically necessary.