

Case Number:	CM15-0003482		
Date Assigned:	01/26/2015	Date of Injury:	05/20/2000
Decision Date:	03/23/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/07/2015

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: Physical Medicine & Rehabilitation

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 41-year-old female as of 12/31/2014 who reported an injury on 05/20/2000. She had been treated for chronic low back pain with radicular symptoms and had reported 30% to 40% pain relief with her current medication regimen with the pain level rated as a 7/10. On her most recent evaluation, the injured worker was identified with a slow antalgic gait with the inability to heel or toe walk and decreased right leg motor strength as well as decreased range of motion in the lumbar spine. She also had positive bilateral facet loading and a positive straight leg raise on the right. A prior request was made for gabapentin with refills and Norco for 180 tablets. The claims were denied based on a lack of functional improvement identified on physical examination. Additionally, it was stated that the Norco was not appropriate, as opioids should not be utilized until records reflect the injured worker had not benefited from antidepressants or anticonvulsant use. Weaning for both medications was recommended. The injured worker had previously been authorized for a random urine drug screen between 12/2014 and 02/2015 as well as a prescription of Norco 10/325 mg #90 between 12/03/2014 and 02/10/2015. It was noted on her most recent physical examination that she had received prior lumbar steroid injections on a regular basis, undergoing 3 to 4 injections each year. She was utilizing several different medications to include muscle relaxants, NSAIDs, neuropathic medications, and opioids. Her pain level at that time was rated as a 5 with her physical examination identifying decreased strength in the right leg and diminished sensation in the right L4-S1 distribution. She was diagnosed with chronic pain syndrome, failed back surgery of the lumbar spine, and lumbar radiculopathy and back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg, quantity: one hundred-eighty, with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drug (AED).

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

Decision rationale: Although the injured worker continued to have neuropathic symptoms consistent with her lumbar spine injury with associated deficits identified on physical examination, ongoing use of gabapentin may be indicated. However, the guidelines indicate that for continued use of medication, interval reassessments are required prior to refilling any medications. Therefore, although the gabapentin may be warranted for continuation of use, the request for 2 refills cannot be supported without having interval reassessment to confirm that the medication has been effective in reducing the injured worker's symptoms and improving her overall function. As such, the request cannot be supported and is therefore not medically necessary.

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the California MTUS Guidelines, physicians must refer to the 4 As for ongoing use of opioids which include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The injured worker has been utilizing this opioid for several months with no current urine drug screen provided for review, no signed pain contract on file, no current pill count, and no further indication that she has been compliant with her medication regimen to warrant ongoing use. Additionally, the guidelines have indicated that long-term use of opioids is discouraged as injured workers can develop tolerance to the medication, requiring an increase in dosage which can also increase their level of pain. Therefore, it has been further recommended that this medication be weaned, as abrupt discontinuation is not supported. At this time, without having sufficient information pertaining to medication compliance and overall effectiveness from the prior use of this medication, the request cannot be supported and is therefore not medically necessary.