

Case Number:	CM15-0007856		
Date Assigned:	01/26/2015	Date of Injury:	09/05/2001
Decision Date:	03/16/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/14/2015

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: Ohio, North Carolina, Virginia
 Certification(s)/Specialty: Family Practice

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 49 year old female who sustained an industrial injury reported on 9/5/2001. She has reported low back, neck and shoulder complaints. The diagnoses have included persistent neck and left upper extremity pain; disk degeneration with posterior small disk osteophyte at cervical 5-6; and depression from chronic pain. Treatments to date have included consultations; diagnostic laboratory and imaging studies; electromyogram studies of the bilateral upper extremities (5/5/11); surgeries (8/08 & 2/10); massage therapy; and medication management. The work status classification for this injured worker (IW) was noted to be that she was continuing her current work. Noted was that there are 2 separate claims for this IW, each with their own different, acceptable body parts. On 1/6/2015 Utilization Review (UR) modified, for medical necessity, the request made on 11/20/2014, for retrospective Norco 10/325mg #480 - to #360 for guideline compliance, and Gabapentin 300mg #180 - to #30 for weaning. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, ongoing opioid treatment and Anti-epilepsy drugs for pain, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Norco 10/325mg #480: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

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

Decision rationale: Those prescribed opioids require ongoing monitoring of pain relief, functionality, side effects, and any aberrant drug taking behavior. Opioids may generally be continued when pain and functionality improve and/or the injured worker has regained employment. The guidelines have limited total daily hydrocodone doses to 60 mg a day and that was the basis for previous denials as the request is for 80 mg a day. However, the guidelines were predicated on a total daily acetaminophen dose of 4 grams a day or less. The medical records do document improved pain and functionality with the Norco. Monitoring for aberrant drug taking behavior and medication side effects is occurring. The total daily acetaminophen dose requested in this case is 2.6 grams a day. Therefore, Norco 10/325mg #480 (for 2 months) was medically necessary.

Retro Gabapentin 300mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drug Page(s): 17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-24.

Decision rationale: Gabapentin (Neurontin, Gabarone, generic available) 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. Recommended Trial Period: One recommendation for an adequate trial with gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggest that if inadequate control of pain is found, a switch to another first-line drug is recommended. Combination therapy is only recommended if there is no change with first-line therapy, with therecommended change being at least 30%. (TCA, SNRI or AED). In this instance, gabapentin was prescribed initially at 100 mg three times a day. The dose was elevated to 300 mg three times a day at the following visit because of an inadequate response to the initial dose. This was well within the trial period. Unfortunately, the injured worker could not tolerate 300 mg three times a day and the dose was later reduced. An adequate trial period had not yet been established at the time of the previous denial. Therefore, Gabapentin 300 mg #180 was medically necessary.