

Case Number:	CM15-0007968		
Date Assigned:	01/16/2015	Date of Injury:	03/06/2014
Decision Date:	03/18/2015	UR Denial Date:	01/06/2015
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: Texas, California
 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:

This is a 48 year old female patient, who sustained an industrial injury on March 6, 2014. She sustained the injury while lifting a mop bucket. The diagnoses have included lumbar disc displacement, lumbago and lumbar radiculopathy. Per the doctor's note dated 11/19/2014, she had complains of continued low back pain. The physical examination of the lumbar spine revealed tenderness, positive straight leg raising and facet loading test. The medications list includes norco, saloepes patches and gabapentin. The records indicate Norco, Naproxen, and Cyclobenzaprine have been prescribed since at least May 2014. She has had lumbar MRI on 4/11/2014 which revealed disc protrusion, neural foraminal stenosis and left facet effusion; and electrodiagnostic studies on May 14, 2014, which revealed a pattern consistent with lumbar radiculopathy. She has had transcutaneous electrical nerve stimulation and physical therapy visits for this injury. She has had last urine drug screen on 10/28/2014 and 11/19/2014. On January 6, 2015, Utilization Review modified certification for Norco 10/325 mg, quantity #30, and Gabapentin 300 mg, quantity #30, and non-certified Naproxen 500 mg, quantity #60, based on MTUS, Chronic Pain guidelines. On January 9, 2015, the injured worker submitted an application for IMR for review of Norco 10/325 mg, quantity #60, and Gabapentin 300 mg, quantity #60, and Naproxen 550 mg, quantity #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Norco 10/325 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 73, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: Page(s): page 76-80.

Decision rationale: Request: 60 tablets of Norco 10/325 mg. Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to CA MTUS guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." "The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function, continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. With this, it is deemed that this patient does not meet criteria for ongoing use of opioids analgesic. The medical necessity of 60 tablets of Norco 10/325 mg is not established for this patient at this time.

30 tablets of Gabapentin 300 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SPECIFIC ANTI-EPILEPSY DRUGS: Gabapentin (Neurontin, Gabarone, generic available) Page(s).

Decision rationale: Request: 30 tablets of Gabapentin 300 mg. Gabapentin is an anti-epileptic drug. According to the CA MTUS Chronic pain guidelines "Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Per the cited guidelines, "CRPS: Recommended as a trial. (Serpell, 2002) Fibromyalgia: Recommended as a trial. (Arnold, 2007) Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit found in a

pilot study." Per the records provided he had complaints of low back pain with tenderness and positive straight leg raising test. He has had diagnostic imaging studies with abnormal findings. There is objective evidence of nerve related pain. Gabapentin is recommended as an option for treating neuropathic pain. This request for 30 tablets of Gabapentin 300 mg is deemed medically appropriate and necessary in this patient.

60 tablets Naproxen 550 mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications page 22; NSAIDs page 67.

Decision rationale: Request: 60 tablets Naproxen 550 mg. Naproxen is a NSAID. CA MTUS page 67 states that NSAIDs are recommended for "Chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain." MTUS also states that "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume." Per the records provided he had complaints of low back pain with tenderness and positive straight leg raising test. He has had diagnostic imaging studies with abnormal findings. There is objective evidence of chronic pain with significant objective findings. NSAIDs are considered first line treatment for pain and inflammation. The request for 60 tablets Naproxen 550 mg is medically appropriate and necessary for this patient for managing his chronic pain.