

Case Number:	CM15-0013600		
Date Assigned:	02/02/2015	Date of Injury:	05/04/2013
Decision Date:	03/25/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/23/2015

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: Florida
 Certification(s)/Specialty: Neurology, Pain Management

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 43 year old male who sustained an industrial injury reported on 5/4/2013. He has reported constant and radiating right hip pain. The diagnoses have included chronic myofascial pain; chronic hip pain; sprain of the hip and thigh; and chronic pain syndrome. Treatments to date have included consultations; diagnostic laboratory and imaging studies; chiropractic & acupuncture treatments; physical therapy; and medication management. The work status classification for this injured worker (IW) was not noted. On 1/14/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 1/7/2015, for Neurontin 100mg 2-6 tabs daily, #120; and Norco 5/325mg 1 tab twice a day as needed, #60. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, opioids and anti-epilepsy drugs for neuropathic pain, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 100mg 2-6 tabs QD #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antiepilepsy drugs Page(s): 16.

Decision rationale: MTUS supports gabapentin for the treatment of neuropathic pain. The medical records provided for review do not indicate the presence of a neuropathic pain condition which such treatment with gabapentin is supported. There is no indication of extenuating circumstances for which gabapentin may be considered in this insured. As such the medical records do not support the treatment with gabapentin.

Norco 5/325mg 1 tab po bid prn #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use; Hydrocodone/Acetaminophen Page(s): 78-8.

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

Decision rationale: The medical records report persistent pain with failure of other conservative treatment but does not report opioid mitigation program in effect. ODG supports ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000) There is no documentation of aberrant screening or monitoring with such tools as UDS. As such treatment with Norco is not supported.