

Case Number:	CM15-0013645		
Date Assigned:	02/02/2015	Date of Injury:	01/10/2013
Decision Date:	03/26/2015	UR Denial Date:	12/26/2014
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: 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:

The injured worker is a 32 year old female, who sustained an industrial injury on January 10, 2013. She has reported injury of the neck, upper back, lower back and right hip. The diagnoses have included sprain of thoracic spine region, lumbar spine strain/sprain, depression, and strain/sprain of right hip/thigh. Treatment to date has included medications. Currently, the injured worker complains of continued neck, upper back, lower back, and right hip pain. She is noted to have tenderness to the neck area, lower back, buttock area, and right side sacroiliac ileolumbar area. Examination narrative dated 1/14/15 notes the the injured worker is working 8 hours per day, cutting hair and standing. The Utilization Review indicates multiple previous non-certifications of continued Gabapentin use, and recommendation for weaning, and that a previous certification of Ibuprofen 800 mg with four refills was given on October 31, 2014. On December 26, 2014, Utilization Review non-certified Gabapentin 100 mg, quantity #60, and Gabapentin 600 mg, quantity #30 with two refills, and Norco 10/325 mg, quantity #60, and Clonazepam 1 mg, quantity #60, and ibuprofen 800 mg, quantity #30 with three refills, based on Chronic Pain Medical Treatment, and ODG guidelines. On January 17, 2015, the injured worker submitted an application for IMR for review of Gabapentin 100 mg, quantity #60, and Gabapentin 600 mg, quantity #30 with two refills, and Norco 10/325 mg, quantity #60, and Clonazepam 1 mg, quantity #60, and ibuprofen 800 mg, quantity #30 with three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Gabapentin 100mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin), Antiepilepsy drugs (AEDs) Page(s): 49, 16-21.

Decision rationale: According to the MTUS guidelines, Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which 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. The injured worker is followed for chronic pain, and gabapentin is considered first line adjuvant in the treatment of chronic pain. The medical records indicate that the injured worker is able to continue working with the current medication regimen. The request for 60 Gabapentin 100 mg is medically necessary.

30 Gabapentin 600mg with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin), Antiepilepsy drugs (AEDs) Page(s): 49-16-21.

Decision rationale: According to the MTUS guidelines, Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which 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. The injured worker is followed for chronic pain, and gabapentin is considered first line adjuvant in the treatment of chronic pain. The medical records indicate that the injured worker is able to continue working with the current medication regimen. The request for 30 Gabapentin 600 mg with two refills is medically necessary.

60 Norco 10/325mg: Overturned

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

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

Decision rationale: Per the MTUS guidelines, opioids may be continued if there has been evidence in improvement in pain and function. In this case, the injured worker is followed for chronic pain, and is currently working full duty. There is no evidence of abuse or diversion, and the current morphine equivalent dosage is low at 20. As such, the request for Norco is supported

to allow the injured worker the ability to continue with her current work status. The request for 60 Norco 10/325 mg is medically necessary.

60 Clonazepam 1mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

Decision rationale: According to the MTUS guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. The MTUS guidelines also state that tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. In addition, it should be noted that concurrent use of benzodiazepines and opioids leads to an increased risk of respiratory depression. The request for 60 Clonazepam 1 mg is not medically necessary.

30 Ibuprofen 800mg with 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 21.

Decision rationale: According to the MTUS guidelines, anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The injured worker is followed for chronic pain, and the medical records indicate that this medication is used intermittently. The request for Ibuprofen as a first line anti-inflammatory agent to address the inflammatory component of this injured worker's chronic pain syndrome is supported. The request for 30 Ibuprofen 800 mg with 3 refills is medically necessary.