

Case Number:	CM15-0015041		
Date Assigned:	02/03/2015	Date of Injury:	07/06/1999
Decision Date:	03/26/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/26/2015

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, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 45-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 6, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; earlier spinal cord stimulator implantation; topical compounds; opioid therapy; manipulative therapy; and epidural steroid injection. In a Utilization Review Report dated December 20, 2014, the claims administrator failed to approve requests for several medications, including Neurontin, Tylenol No. 3, Norco, Elavil, and a topical compound. The claims administrator referenced an RFA form received on December 15, 2014 in its determination. The applicant's attorney subsequently appealed via a letter dated December 29, 2014. On November 14, 2014, the applicant reported ongoing complaints of low back and neck pain. The applicant was working with restrictions in place. The applicant was using Norco, Flexeril, Elavil, and Terocin, it was acknowledged. Multiple medications were refilled. 10-pound lifting limitation was renewed. The applicant stated that her pain medications were decreasing her pain and allowing her to function, both at home and at work. In an applicant questionnaire dated November 14, 2014, the applicant stated that she was working despite ongoing complaints of pain. The applicant was using Vicodin and Soma for pain relief, it was noted. On December 19, 2014, Tylenol with Codeine, Neurontin, Elavil, a ketoprofen containing cream, and Norco were all renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone™, generic available) Page(s): Chronic Pain Medical Treatment.

Decision rationale: Yes, the request for gabapentin, an anticonvulsant adjuvant medication, was medically necessary, medically appropriate, and indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin should be asked at each visit as to whether improvements in pain and/or function have been effected as a result of ongoing gabapentin usage. Here, the treating provider has suggested ongoing usage of gabapentin has, to some extent, attenuated the applicant's pain complaints and facilitated the applicant's returning to and/or maintaining successful return to work status. Continuing the same, on balance, was/is indicated. Therefore, the request was medically necessary

APAP/ w Codeine 300/30mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 4) On-Going Management Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 -.

Decision rationale: Conversely, the request for Tylenol with Codeine, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be employed to improve pain and function. Here, however, the attending provider seemingly concurrently provided the applicant with two separate short-acting opioids, Tylenol No. 3 and Norco. No clear or compelling applicant-specific rationale was furnished to support such usage. Therefore, the request was not medically necessary.