

Case Number:	CM15-0016653		
Date Assigned:	03/05/2015	Date of Injury:	09/21/1992
Decision Date:	05/18/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/29/2015

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: Physical Medicine & Rehabilitation

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 53-year-old male reported a work-related injury on 09/21/1992. According to the progress notes from the treating provider dated 12/12/14, the injured worker (IW) reports chronic back pain which is getting worse, with tingling and numbness in the lower extremities. Diagnoses include chronic low back pain and herniated nucleus pulposus with radiculopathy. No previous treatments were listed except medications. The treating provider requests Gabapentin 300mg for 30 days and Norco 10/325 mg 6-8 tabs/day for 30 days. The Utilization Review on 12/31/2014 non-certified the request for Gabapentin 300mg for 30 days and modified the request for Norco 10/325 mg 6-8 tabs/day to allow a 15 day supply. References cited were CA MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 6-8 tabs/day for 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management, Opioids, specific drug list Page(s): (s) 78 & 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS, Hydrocodone Page(s): 76-78, 88-89, 90.

Decision rationale: The patient presents with chronic unrated lower back pain which radiates into the bilateral lower extremities and associated numbness and tingling to the affected extremities. The patient's date of injury is 09/21/92. Patient has no documented surgical history directed at this complaint. The request is for NORCO 10/325 MG 6-8 TABS/DAY FOR 30 DAYS. The RFA was not provided. Physical examination dated 10/22/14 - the only report submitted - is hand written and largely illegible, reports reduced range of motion, positive straight leg raise test on the right side. The remaining physical findings are not legible. The patient's current medication regimen was not provided. Diagnostic imaging was not provided. Patient is currently working. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The MTUS page 90 notes that a maximum dose for Hydrocodone is 60mg/day. In regard to the request for Norco, the treater has exceeded guideline dosing recommendations. Eight tablets a day of 10/325 Norco is 80MG of hydrocodone per day. MTUS specifies that hydrocodone dosing not exceed 60MG/day. Furthermore, there is no documentation of analgesia, functional improvement, or a discussion of aberrant behaviors. There are no initial urine drug screens provided, either. Owing to a lack of 4A's as required by MTUS and an excessive dose, this medication cannot be substantiated. The request IS NOT medically necessary.

Gabapentin 300mg for 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific anti-epilepsy drugs, Gabapentin Page(s): 18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18-19.

Decision rationale: The patient presents with chronic unrated lower back pain which radiates into the bilateral lower extremities and associated numbness and tingling to the affected extremities. The patient's date of injury is 09/21/92. Patient has no documented surgical history directed at this complaint. The request is for GABAPENTIN 300MG FOR 30 DAYS. The RFA was not provided. Physical examination dated 10/22/14 - the only report submitted - is hand written and largely illegible, reports reduced range of motion, positive straight leg raise test on the right side. The remaining physical findings are not legible. The patient's current medication regimen was not provided. Diagnostic imaging was not provided. Patient is currently working. MTUS has the following regarding Neurontin (Gabapentin) on pg 18,19: "Gabapentin 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." In regard to the request for Gabapentin, the treater has not provided daily direction as to how it is to be taken. Progress notes

provided do not indicate that this patient has previously taken Gabapentin or to what effect. Given this patient's lower back pain with a neuropathic component Gabapentin would be considered appropriate. However, the requested amount 300MG for 30 days is uncertain as to exactly how much is being prescribed. MUTS p8 require physician monitoring of the patient's progress and appropriate treatment recommendations to be made by the treater. In this case, it is not known how much of Gabapentin is being prescribed, and with what direction. The request IS NOT medically necessary.