

Case Number:	CM15-0016874		
Date Assigned:	02/05/2015	Date of Injury:	12/07/2011
Decision Date:	04/14/2015	UR Denial Date:	01/14/2015
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: 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 50 year old male who sustained an industrial injury on December 7, 2011. There was no mechanism of injury documented. The injured worker is status post a right shoulder arthroscopy for rotator cuff repair in June 2011 and a L3-L4 fusion with subsequent removal of the posterior pedicle screws on June 6, 2014. The injured worker was diagnosed with lumbar radiculopathy, cervical radiculopathy, shoulder impingement, sacroiliitis, chronic pain and sleep disorder due to pain. According to the primary treating physician's progress report on December 29, 2014 the injured worker continues to experience low back pain radiating o the left lower extremity with weakness, numbness and tingling. Spasm, guarding and tenderness were noted over the paravertebral muscles of the lumbar spine with decreased range of motion and decreased dermatome sensation over the left L5-S1. The injured worker also complains of pain in the plantar fascia on the left foot. The injured worker received authorization for a spinal cord stimulator (SCS) to be scheduled in January 2015. Current medications listed are Norco, Ultram and Neurontin. The treating physician requested authorization for Neurontin 300mg #90 with 5 refills and Norco 7.5/325mg #60 with 5 refills. On January 14, 2015 the Utilization Review modified the request for Neurontin 300mg #90 with 5 refills to Neurontin 300mg #90 with 0 refills and Norco 7.5/325mg #60 with 5 refills to Norco 7.5/325mg #60 with 0 refills for weaning purposes. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg #90 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain.

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

Decision rationale: The medical records provided for review report pain with history of low back surgery related to lumbar radiculopathy and cervical radiculopathy. The medical records report numbness and tingling with decreased sensation in dermatomal pattern. With the features of numbness and tingling, the medical records support a condition of neuropathic pain. MTUS supports treatment of neuropathic pain with anti-epilepsy drugs such as gabapentin. As such the medical records support treatment of the insured's pain with gabapentin.

Norco 7.5/325mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - pain, opioids.

Decision rationale: The medical records report ongoing pain that is helped functionally by continued use of opioid. The medical records do not indicate or document any formal opioid risk mitigation tool use or assessment or indicate use of UDS or other risk tool. 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 non-adherent) 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. Given the medical records do not document such ongoing monitoring; the medical records do not support the continued use of opioids such as norco.

