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| Case Number: | CM15-0018288 | | |
| Date Assigned: | 02/06/2015 | Date of Injury: | 08/20/2011 |
| Decision Date: | 03/25/2015 | UR Denial Date: | 01/29/2015 |
| Priority: | Standard | Application Received: | 01/30/2015 |

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 45-year-old female who sustained a work related injury on August 20, 2011, injuring her back while carrying a bookcase and fell backwards tripping over a ledge. She landed on her buttocks with the bookcase falling on top of her. Treatment included occupational therapy, medications, physical therapy, home exercise program, lumbar epidural steroid injections, and diagnostic imaging. Diagnoses included thoracic or lumbosacral neuritis or radiculitis, spinal stenosis of the lumbar region, lumbar sprains and strains and Lumbago. Currently, in January 2015, the injured worker complained of increased lower back pain radiating into both legs and feet with decreased range of motion. On February 6, 2015, a request for a prescription of Norco 10/325mg #60; a prescription for Gabapentin 600 mg #90 and a prescription for Lexapro 10 mg #30 was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule 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 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

Decision rationale: The injury was on 08/20/2011. She had extensive treatment as noted above. For on-going opiate treatment, MTUS guidelines require documented analgesia efficacy, documentation of improved functionality with increased ability to do activities of daily living or work, monitoring for adverse effects and monitoring for drug seeking abnormal behavior. The documentation provided for review does not meet this criteria and Norco is not medically necessary for this patient.

Gabapentin 600mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

Decision rationale: Gabapentin is used to treat diabetic neuropathy and post herpetic neuralgia. Neither of those conditions is present in this patient. There is no documentation that the use of Gabapentin will affect the long-term functional outcome of this patient's chronic condition since 2011. Gabapentin is not medically necessary for this patient.

Lexapro 10mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 14.

Decision rationale: The patient has low back pain and the requested medication is a SSRI. MTUS guidelines note "SSRIs have not been shown to be effective for low back pain (there was not a significant difference between SSRIs and placebo)." Lexapro is not medically necessary for this patient.