

Case Number:	CM15-0019221		
Date Assigned:	02/09/2015	Date of Injury:	12/14/2012
Decision Date:	03/31/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/02/2015

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:

The injured worker is a 53 year old female, who sustained an industrial injury on 12/14/2012. On provider visit dated 01/07/2015 the injured worker has reported back pain. On examination he was noted to have thoracolumbar tenderness upon palpation, limited range of motion of spine due to pain. The diagnoses have included sciatica, pain low back, spinal stenosis lumbar and degenerative disc disease lumbar. Treatment to date has included medication epidural steroid injections, L5-S1 lumbar fusion and physical therapy. On 01/28/2015 Review non-certified Neurontin 400mg #150 and Norco Tab 10/325mg #60, as not medically necessary. The CA MTUS Guidelines and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Neurontin 400mg #150: Overturned

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

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

Decision rationale: This patient is status post lumbar fusion from 2013 and presents with chronic low back pain that radiates into the buttocks. The current request is for PHARMACY PURCHASE OF NEURONTIN 400MG #150. The Utilization review denied the request stating that "supplied information was scant, and incomplete." The MTUS Guidelines has the following regarding gabapentin on pages 18 and 19, gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia, and has been considered as the first-line treatment for neuropathic pain. This patient has been utilizing Neurontin for his neuropathic symptoms since 5/1/14. Progress report dated 8/26/14 noted that "medication reduce his pain 50%." Functional gains from medications included "significant assistance with his ADL's, mobility and restorative sleep." Progress report dated 7/1/14 states Neurontin helps him "significantly with the nerve damage pain down the lower extremity." In this case, Neurontin has been significantly benefited for this patient. This request IS medically necessary.

Pharmacy purchase of Norco 10/325gm #60: Overturned

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

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

Decision rationale: This patient is status post lumbar fusion from 2013 and presents with chronic low back pain that radiates into the buttocks. The current request is for PHARMACY PURCHASE OF NORCO 10/325MG #60. The Utilization review denied the request stating that "supplied information was scant, and incomplete." For chronic opioid use, the MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse 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 medication to work and duration of pain relief. This patient has been utilizing Norco since at least 5/1/14. Progress report dated 8/26/14 noted that "medication reduce his pain 50%." Functional gains from medications included "significant assistance with his ADL's, mobility and restorative sleep." Progress reports also document that the patient is compliant with medication with no adverse side effects. Multiple urine drug screens are provided in the medical file and CURES is reviewed routinely.