

Case Number:	CM15-0113231		
Date Assigned:	06/19/2015	Date of Injury:	08/23/2010
Decision Date:	07/21/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/11/2015

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: 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 injured worker is a 40 year old male, who sustained an industrial injury on 8/23/2010. The injured worker was diagnosed as having lumbar sprain, sciatica, and displacement of lumbar intervertebral disc without myelopathy. Additional diagnoses included major depressive disorder, single episode, moderate, and anxiety disorder, not otherwise specified. Treatment to date has included diagnostics, chiropractic, physical therapy, acupuncture, lumbar epidural steroid injection, mental health treatment, and medications. Currently, the injured worker complains of lumbar spine pain, rated 7-8/10. A right sided transforaminal epidural steroid injection improved right radicular symptoms significantly, and he complained of left radicular symptoms. His functional change since the previous examination was noted as improved, but slower than expected, after physical therapy/acupuncture. Increased mobility and decreased pain and medication intake were documented. Urine toxicology (1/21/2015) was documented as showing expected results. The treatment recommended included Norco, Gabapentin, and Ibuprofen. His work status remained total temporary disability. A review of symptoms was positive for constipation, depression, anxiety, and sleep disturbance. Medication compliance noted that he was not taking medication, noting he ran out of medications. The use of Gabapentin and Norco was noted since at least 12/2014, at which time pain was rated 3-4/10 after injection and 7/10 before injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin, Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 19.

Decision rationale: The MTUS states that gabapentin is an anti-epilepsy drug which 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. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is no documentation of any functional improvement. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Gabapentin 600mg #90 is not medically necessary.

Norco 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Criteria for use of opioids, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. The medical records indicate that before being prescribed Norco in November of 2014, the patient had been taking Hydrocodone for at least as far back as six months. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Norco 10mg #90 is not medically necessary.