

Case Number:	CM15-0116339		
Date Assigned:	06/24/2015	Date of Injury:	03/26/2008
Decision Date:	07/24/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/17/2015

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: Texas, New York, 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 applicant is a represented 57-year-old who has filed a claim for chronic knee and low back pain with derivative complaints of depression and anxiety reportedly associated with an industrial injury of March 26, 2008. In a Utilization Review report dated May 20, 2015, the claims administrator failed to approve requests for Norco and Neurontin. Protonix, however, was approved. The claims administrator referenced May 12, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On December 16, 2014, the applicant reported ongoing issues with chronic abdominal pain, with unspecified orthopedic injury, severe depression, anxiety, and gastropathy. Prilosec and Norco were refilled. The applicant's internist apparently refilled the Norco on the grounds that the applicant had exhausted her supply of pain medications apparently furnished by another provider. In a handwritten note dated May 13, 2015, difficult to follow, not entirely legible, the applicant reported ongoing complaints of knee and back pain with on and off issues with dyspepsia. Protonix, Neurontin, and Norco were seemingly endorsed. The note was very difficult to follow and not altogether legible. The applicant's work status was not outlined. No discussion of medication efficacy transpired on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 100mg #90 tid: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone™, generic available) Page(s): 19.

Decision rationale: No, the request for gabapentin, an anticonvulsant adjuvant medication, was not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants on gabapentin, an anti-convulsant adjuvant medication, should be asked at each visit as to whether there have been improvements in pain and/or function effected as a result of the same. Here, however, the attending provider's handwritten May 13, 2015 progress note did not establish whether or not ongoing usage of gabapentin had or had not proven effectual. There was no seeming discussion of medication efficacy transpired. The applicant's work and functional work status were not discussed. The presence or absence of functional improvement in terms of the parameters established in MTUS 9792.20e was not detailed. Therefore, the request was not medically necessary.

Hydrocodone/APAP 7.5/325 #90 tid prn: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for hydrocodone-acetaminophen (Norco) a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the attending provider's handwritten progress note of May 13, 2015 was difficult to follow, not entirely legible, and did not establish the presence of a favorable response to previous usage of Norco in terms of the parameters set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's work status was not delineated on May 15, 2015, although it did not appear that applicant was working at that point in time. The attending provider likewise failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.