

Case Number:	CM15-0117893		
Date Assigned:	06/26/2015	Date of Injury:	11/16/2011
Decision Date:	08/24/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/18/2015

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: Anesthesiology

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 35 year old male, who sustained an industrial injury on 11/16/2011. He reported injury to his low back. Treatment to date has included medications, spine surgery x 2, psychotherapy and electrodiagnostic studies. According to a progress report dated 06/04/2015, the injured worker had been seeing a psychiatrist and his medications were changed. He felt that the change in his prescriptions had been helpful with mood. He had not been authorized for behavioral pain management. Medication/pain response included a pain level of 4-5 on a scale of 0-10. Side effects from medications included constipation. No aberrant behaviors were noted. Current medications included Gabapentin, Norco, Albuterol inhaler, Sertraline, Symbicort inhaler and Zolpidem Tartrate. Diagnoses included low back pain, lumbar post laminectomy on 09/02/2014, major depressive disorder single episode severe and encounter for long-term use of other medications. The provider noted that the injured worker would begin his therapy program for the back. Prescriptions included Gabapentin 300 mg #90 with 2 refills and Norco 10/325 mg 90 tabs/month. He remained temporarily totally disabled. Records submitted for review show utilization of Norco and Gabapentin dating back to 11/2014. Currently under review is the request for Gabapentin 300 mg #90 with 2 refills and Norco 10/325 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300 mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AED Page(s): 16-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs, Gabapentin (Neurontin) Page(s): 16-17, 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Gabapentin (Neurontin).

Decision rationale: Gabapentin (Neurontin) is an anti-epilepsy drug (AED) which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. In this case, there is no documentation of objective evidence of functional improvement. to continue the use of Neurontin. There was no documentation of a 30-50% reduction of pain with use of Gabapentin. Medical necessity for Neurontin has not been established. The requested medication is not medically necessary.

Norco 10/325 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the CA MTUS and ODG, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no documentation of significant pain relief or increased function from the opioids used to date. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.