

Case Number:	CM15-0127216		
Date Assigned:	07/13/2015	Date of Injury:	12/12/2008
Decision Date:	08/14/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	07/01/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 60 year old female, who sustained an industrial injury on 12/28/2008. She reported back pain after falling down the stairs. Diagnoses have included lumbar facet syndrome, low back pain, foot pain, knee pain and peripheral neuropathy. Treatment to date has included physical therapy, massage therapy and medication. According to the consult dated 5/7/2015, the injured worker complained of chronic, progressive pain in her lower back, right knee and right foot. Her lower back pain radiated down to her right lower extremity. The pain was associated with numbness and tingling in the right leg and right foot. She rated her pain as 8/10 at best and 10/10 at worst. Exam of the lumbar spine revealed tenderness to palpation. Lumbar facet loading maneuver was positive on the left. Exam of the right knee revealed tenderness to palpation over the medial knee. Exam of the right foot revealed tenderness to palpation over the medial arch of the foot. Authorization was requested for Norco and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Guidelines also recommend to continue opioids if the patient has returned to work. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain. It is noted patient is currently working two jobs. The last reviewer noted the pain increased from the 5/21/15 progress note to the 6/25/15 after the start of the opioid medication, however the 5/7/15 progress note showed the pain to be higher before the gabapentin was trialed and the patient was already taking the opioid at that time. As such, there is clear indication for ongoing use of the medication. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is medically necessary.

Gabapentin 300mg #30: Overturned

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 Page(s): 16-21 of 127.

Decision rationale: Regarding request for gabapentin, Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is identification of specific analgesic benefit after the initial trial of 30% reduction in pain but not documentation of specific objective functional improvement. However, a one-month prescription of this medication should be sufficient to allow the requesting physician time to document that better. Additionally, there is documentation of nerve type pain and the patient does have a diagnosis of neuropathic pain. Therefore, the currently requested gabapentin is medically necessary.