

Case Number:	CM15-0127933		
Date Assigned:	07/14/2015	Date of Injury:	02/27/2004
Decision Date:	08/13/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/02/2015

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: 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 40-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 27, 2004. In a Utilization Review report dated June 19, 2015, the claims administrator failed to approve requests for Norco and Neurontin. The claims administrator referenced a progress note dated May 12, 2015 in its determination. The applicant's attorney subsequently appealed. In work status report dated March 31, 2015, the attending provider posited that the applicant was a "qualified injured worker," suggesting that the applicant was not working with a permanent 15-pound lifting limitation in place. In an associated progress note of the same date, March 31, 2015, the applicant reported ongoing complaints of low back pain radiating into the right leg. Ancillary complaints of hip and groin pain were reported. The applicant had issues with depression and anxiety, reportedly in remission. Norco and Neurontin were renewed, without any seeming discussion of medication efficacy. On May 12, 2015, Norco and Neurontin were renewed. The attending provider acknowledged that the applicant had "chronic, intractable pain." The attending provider stated that the applicant's medications were beneficial but did not elaborate further. Both Norco and Neurontin were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription on Norco 5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to discontinue Opioids.

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

Decision rationale: No, the request for Norco, a short-acting opioid, was 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 applicant was off of work, it was reported on multiple progress notes, referenced above, on which it was stated that the applicant had been deemed a "qualified injured worker." The applicant was described as having "chronic, intractable" pain on May 12, 2015. While the attending provider stated Norco was beneficial, the attending provider failed to outline meaningful, material, and/or substantive improvements in function effected as a result of ongoing Norco usage (if any). All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.

1 Prescription of Neurontin 300mg #90 with 3 refills: Upheld

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

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

Decision rationale: Similarly, the request for Neurontin (gabapentin), an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants on gabapentin (Neurontin) should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as a result of the same. Here, however, the applicant was off of work, it was noted on multiple progress notes of mid-2015, referenced above. The applicant had been deemed a qualified injured worker, it was acknowledged. Ongoing usage of Neurontin (gabapentin) failed to curtail the applicant's dependence on opioid agents such as Norco. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Neurontin (gabapentin). Therefore, the request was not medically necessary.