

Case Number:	CM15-0028315		
Date Assigned:	02/20/2015	Date of Injury:	08/21/2001
Decision Date:	04/03/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/16/2015

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 [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 21, 2001. In a utilization review report dated February 11, 2015, the claims administrator partially approved a request for Norco and Neurontin. The applicant's attorney subsequently appealed. In a handwritten note dated January 6, 2015, difficult to follow, not entirely legible, the applicant reported ongoing complaints of low back, elbow, shoulder, and hip pain. The applicant was asked to consult a pain management physician. The applicant apparently reported heightened paresthesias. No clear discussion of medication efficacy transpired. The applicant was apparently asked to continue permanent restrictions imposed on Medical-Legal Evaluation. On December 18, 2014, the applicant reported 4/10 low back pain. The applicant was not working, it was acknowledged. The applicant was receiving acupuncture. The applicant was given refills of Norco and Neurontin, which were apparently issued without any seeming discussion of medication efficacy. Urine drug testing was endorsed. The applicant's work status, once again, was not clearly outlined. On November 28, 2014, the applicant reported 6/10 pain complaints. The applicant was apparently using a spinal cord stimulator. Acupuncture was not particularly helpful, the applicant reported. The applicant was given refills of Norco and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #60: 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): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 80 of 127.

Decision rationale: 1. 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 not working, it was acknowledged on a handwritten note of December 18, 2014. The applicant's treating providers, a spine surgeon, and an orthopedist, failed to outline any quantifiable decrements in pain and/or material improvements in function achieved as a result of ongoing Norco usage (if any). Therefore, the request was not medically necessary.

1 prescription of Neurontin 300mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
SPECIFIC ANTI-EPILEPSY DRUGS: Gabapentin (Neurontin, GabaroneTM, generic available)
Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS
(Effective July 18, 2009) Page 19 of 127.

Decision rationale: The request for Neurontin 300mg #30, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin 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 seemingly off of work following imposition of permanent limitations by a Medical-Legal Evaluator. A December 18, 2014 progress note, referenced above, suggested that the applicant was not working as of that point in time. Ongoing usage of gabapentin has failed to curtail the applicant's dependence on opioid agents such as Norco. All of the foregoing, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20(f), despite ongoing usage of Neurontin (gabapentin). Therefore, the request was not medically necessary.