

Case Number:	CM15-0034906		
Date Assigned:	03/03/2015	Date of Injury:	10/19/2005
Decision Date:	04/10/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/25/2015

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 Jersey, New York
 Certification(s)/Specialty: Family Practice

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 38 year old male, who sustained an industrial injury reported on 10/19/2005. He reported effective pain relief from the last facet radiofrequency treatment, is wearing off, causing increased and intractable, radiating low back pain, causing his low testosterone level and problems with erection. Also reported was that insurance has denied Cialis, so in light of his low testosterone levels, Testosterone replacement is desired. The diagnoses were noted to include low back pain; lumbar disc degeneration; lumbar disc disorder with myelopathy and radiculopathy; and erectile dysfunction. Treatments to date have included consultations; multiple diagnostic imaging studies; anterior artificial lumbar disc replacement with Charite prosthesis (7/22/08); diagnostic left-sided sacral 1 joint injection; diagnostic left-sided lumbar facet injections; diagnostic lumbar medial branch blocks (4/5/10); radiofrequency lesioning of the lumbar medial branches (5/17/10 & 5/29/13), and with 60-70% effectiveness for over 1 year; gym-based exercise; chiropractic treatments; and medication, and pain medication, management with self-directed, spring use of Norco, only taking a #130 a tab, twice daily, supplementing the relief from the facet radiofrequency treatment. A failed trial of Viagra was noted. The work status classification for this injured worker (IW) was noted to be working with permanent and stationary status. On 2/18/2015, Utilization Review (UR) modified, for medical necessity, the request, made on 2/3/2015, for Norco 10/325mg #60 - to #45; and Gabapentin 100mg #90 - to #45, for the purpose of weaning. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, opioids, ongoing management of opioid therapy, weaning, Gabapentin, neuropathic pain, outcome, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Gabapentin 100mg DOS 1/13/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anticonvulsants, Gabapentin Page(s): 16-19 and 49.

Decision rationale: The request is not medically necessary. Gabapentin is an anti-epilepsy drug that is effective for neuropathic pain. One of the side effects is sedation which was experienced by the patient according to the chart. It is helping him sleep through the night. The chart does not describe if patient had any functional improvement with the use of Gabapentin. Because of these reasons, Gabapentin is considered not medically necessary.

Retrospective Norco 10/325mg DOS 1/13/15 Qty 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On Going Management Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78 and 79.

Decision rationale: The request for Norco is not medically necessary. The patient has been on opiates for unclear amount of time without objective documentation of the improvement in pain. There is no documentation of what his pain was like previously and how much Norco decreased his pain. There is no objective documentation of improvement in function. There is no documentation of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There are no urine drug screens or drug contract documented. There are no clear plans for future weaning, or goal of care. Because of these reasons, the request for Norco is considered not medically necessary.