

Case Number:	CM15-0073117		
Date Assigned:	04/23/2015	Date of Injury:	09/25/2008
Decision Date:	05/20/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58-year-old male who sustained an industrial injury on 9/25/08. The injured worker reported symptoms in the back. The injured worker was diagnosed as having lumbago with bilateral radiculopathy, facet and sacroiliac joint arthropathy, reactive depression, anxiety and depression. Treatments to date have included injections, oral pain medication, and a proton pump inhibitor. Currently, the injured worker complains of pain in the lower back with radiation to the lower extremities. The plan of care was for epidural steroid injection, medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #240: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86.

Decision rationale: The claimant sustained a work-related injury in September 2008 and continues to be treated for radiating low back pain. When seen, he had not been able to obtain medications and had poor pain control. Physical examination findings included decreased lower extremity sensation and strength with left sacroiliac joint and bilateral facet joint tenderness. There was decreased and painful range of motion. Norco, gabapentin, and Prilosec were prescribed. The total MED (morphine equivalent dose) was up to 80 mg per day and the gabapentin dose was 2400 mg per day. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, and poor pain control appears related to being unable to obtain medications. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the prescribing of Norco is medically necessary.

Gabapentin 800mg, #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), p16-18 Page(s): 16-18.

Decision rationale: The claimant sustained a work-related injury in September 2008 and continues to be treated for radiating low back pain. When seen, he had not been able to obtain medications and had poor pain control. Physical examination findings included decreased lower extremity sensation and strength with left sacroiliac joint and bilateral facet joint tenderness. There was decreased and painful range of motion. Norco, gabapentin, and Prilosec were prescribed. The total MED (morphine equivalent dose) was up to 80 mg per day and the gabapentin dose was 2400 mg per day. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of greater than 1200 mg per day. In this case, the claimant's gabapentin dosing is consistent with recommended guidelines and therefore is medically necessary.

Prilosec 20mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

Decision rationale: The claimant sustained a work-related injury in September 2008 and continues to be treated for radiating low back pain. When seen, he had not been able to obtain medications and had poor pain control. Physical examination findings included decreased lower extremity sensation and strength with left sacroiliac joint and bilateral facet joint tenderness.

There was decreased and painful range of motion. Norco, gabapentin, and Prilosec were prescribed. The total MED (morphine equivalent dose) was up to 80 mg per day and the gabapentin dose was 2400 mg per day. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is not taking an oral NSAID. Therefore, the continued prescribing of Prilosec is not medically necessary.