

Case Number:	CM15-0075247		
Date Assigned:	04/27/2015	Date of Injury:	03/22/2011
Decision Date:	05/22/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/20/2015

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 York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 50-year-old male, who sustained an industrial injury on 03/22/2011. He has reported injury to the low back. The diagnoses have included lumbar radiculopathy and lumbar facet arthropathy. Treatment to date has included medications, diagnostics, epidural steroid injection, medial branch block, chiropractic therapy, physical therapy, and aquatic therapy. Medications have included Norco, Gabapentin, and Lidopro cream. A progress note from the treating physician, dated 02/12/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of persistent back pain rated at 7-8/10 on the visual analog scale; increased leg pain and complaints; neck pain rated 5/10, which radiates up to the posterior aspect of his head; and medications help to decreased his pain and allow him to do more activities. Objective findings included tenderness to palpation of the lumbar midline and bilateral lower paraspinal muscles; limited lumbar range of motion; and tenderness to palpation of the left sacroiliac joint. The treatment plan has included the request for Gabapentin 600mg #60; Lidopro topical ointment #1; and Norco 10/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

Decision rationale: Per the guidelines, gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. For chronic non-specific axial low back pain, there is insufficient evidence to recommend the use of gabapentin. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects. The medical records fail to document any significant improvement in pain, functional status specifically related to gabapentin to justify use. Additionally, side effects were documented from gabapentin. The medical necessity of gabapentin is not substantiated in the records. Therefore, it is not medically necessary.

Lidopro topical ointment #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: Per the guidelines, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation of efficacy with regards to pain and functional status or a discussion of side effects specifically related to the topical analgesic. Regarding topical lidopro in this injured worker, the records do not provide clinical evidence to support medical necessity. Therefore, it is not medically necessary.

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Page(s): 74-80.

Decision rationale: Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but

appears limited. The medical necessity of norco is not substantiated in the records. Therefore, it is not medically necessary.