

Case Number:	CM15-0090072		
Date Assigned:	05/14/2015	Date of Injury:	02/12/1997
Decision Date:	06/16/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/11/2015

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: California

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 65 year old female, who sustained an industrial injury on 02/12/1997. She reported an injury to her low back after moving and lifting some chairs while at work. The injured worker is currently retired. The injured worker is currently diagnosed as having history of decompressive lumbar laminectomy and fusion with residual right L3-L4 and L4-L5 foraminal stenosis, status post permanent implantation of spinal cord stimulator, and chronic low back pain with waxing and waning radiculitis to right hip and leg. Treatment and diagnostics to date has included lumbar surgery, spinal cord stimulator placement, transforaminal epidural steroid injection, and medications. In a progress note dated 04/29/2015, the injured worker presented with complaints of low back pain stating her pain is an 8 or 9 out of 10 at its worst and a 5 or 6 out of 10 with her medications, Norco and Gabapentin. Objective findings include well healed midline scarring on the back and the scar over her stimulator is intact and well healed. The treating physician reported requesting authorization for Norco and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain without aberrant use. In light of the above, the currently requested Norco (hydrocodone/acetaminophen) is medically necessary.

Gabapentin 400mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 16-21 of 127.

Decision rationale: Regarding request for gabapentin (Neurontin), Chronic Pain Medical Treatment Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is identification of analgesic benefit and functional improvement with use of medications. However, the documentation identifies that the patient is utilizing another antiepileptic medication (Lyrica) and the use of both medications concurrently is redundant. As such, the currently requested gabapentin (Neurontin) is not medically necessary.