

Case Number:	CM15-0096710		
Date Assigned:	05/27/2015	Date of Injury:	03/05/2004
Decision Date:	06/25/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/19/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 54 year old male, who sustained an industrial injury on March 5, 2004. He reported falling approximately six feet off a stage with injuries to his chest, ribs, back, and spine. The injured worker was diagnosed as having lumbosacral spondylosis without myelopathy, morbid obesity, and hypertension. Treatment to date has included x-rays, chiropractic treatments, MRI, acupuncture, and medication. Currently, the injured worker complains of low back pain with right sciatica to the knee. The Treating Physician's report dated April 29, 2015, noted the injured worker was stable on the current medication regimen. The injured worker's current medications were listed as Amitriptyline, Gabapentin, Norco, and Tizanidine. Physical examination was noted to show lumbar paravertebral tenderness. The treatment plan was noted to include medications refills for Amitriptyline, Gabapentin, Norco, and Tizanidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Gabapentin.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Gabapentin 300 mg #60 is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions in fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug (AED). Gabapentin is considered a first-line treatment for neuropathic pain. In this case, the injured workers working diagnoses are lumbosacral spondylosis without myelopathy; morbid obesity; hypertension not otherwise specified. Subjectively, according to April 29, 2015 progress note, the injured worker presented for medication refills. Objectively, there was lumbar paravertebral tenderness. There was no neurologic evaluation indicating neuropathic signs. The documentation in the medical record indicates the injured worker does not have neuropathic symptoms or clinical signs. Additionally, electrodiagnostic studies were performed and were normal. Gabapentin is recommended for neuropathic pain. Consequently, absent clinical documentation of neuropathic symptoms and signs and evidence of objective functional improvement with ongoing gabapentin, Gabapentin 300 mg #60 is not medically necessary.

Norco 10/325mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg # 90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are lumbosacral spondylosis without myelopathy; morbid obesity; hypertension not otherwise specified. Subjectively, according to April 29, 2015 progress note, the injured worker presented for medication refills. Objectively, there was lumbar paravertebral tenderness. The documentation shows the injured worker was prescribed Vicodin in 2009 and 2012. The utilization review states Norco was tapered according certification number 1058093 on October 30, 2013. There is no documentation indicating objective functional improvement,

risk assessments, detailed pain assessments. Consequently, absent compelling clinical documentation with evidence of objective functional improvement, risk assessments, pain assessments with a history of prior weaning, Norco 10/325mg # 90 is not medically necessary.