

Case Number:	CM15-0098917		
Date Assigned:	06/01/2015	Date of Injury:	05/06/2007
Decision Date:	07/02/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/22/2015

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: Emergency 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 40 year old male, who sustained an industrial injury on 5/6/07. He reported injuring his lower back related to getting involved in an altercation with a suspect. The injured worker was diagnosed as having lumbar disc degeneration and lumbar disc displacement. Treatment to date has included an EMG on 10/27/08 showing S1 radiculopathy on the left, a lumbar fusion on 6/19/09 and physical therapy. Current medications include Baclofen, Cialis, Glipizide, Lidoderm 5%, Metformin, Gabapentin and Norco (since at least 6/26/14). On 1/13/15, the injured worker rated his pain 7/10 in his lower back. Medications bring his pain level down to 4/10 and he is able to work as a part-time contractor. As of the PR2 dated 5/7/15, the injured worker reports low back pain. He rates his pain currently 8-9/10, average pain 5-7/10. Objective findings include antalgic gait favoring right and tenderness noted over sacroiliac joints in the left side. The treating physician requested to continue Gabapentin 300mg #30 x 1 refill and Norco 10/325mg #240 x 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs(AEDs) Page(s): 18-19.

Decision rationale: Gabapentin (Neurontin) is an anti-epileptic drug with efficacy in neuropathic pain. It is most effective in polyneuropathic pain. It is unclear how long patient has been on this medication. Multiple progress notes do not mention gabapentin until 5/7/15 when the progress note merely mentions it was being prescribed. No rationale or assessment was noted. If this is a refill of medication for chronic use, there is no documentation of any objective improvement with only some vague reports of subjective improvement. If this is a new medication, refill requested with this prescription is not appropriate during initiation phase since it requires close monitoring. Either way, Gabapentin is not medically necessary.

Norco 10/325mg #240 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation of pain management, improvement in pain function and monitoring is appropriate. Provider documents gradual taper which was slowed due to increasing pain and poor tolerance. Patient is working and function is mildly compromised by decreasing dosage. While continued opioid therapy is warranted, prescription request is not appropriate. A refill is not appropriate since it does not allow for proper reassessment and modification of plan as per MTUS guidelines. Refills of Norco are also not valid as per DEA rules. Norco prescription is not medically necessary.