

Case Number:	CM13-0029685		
Date Assigned:	11/27/2013	Date of Injury:	08/06/2012
Decision Date:	01/22/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 39-year-old female who sustained injuries on August 6, 2012 when a forklift pushed a pallet stack onto her back. She is currently diagnosed with lumbar radiculopathy and disc degeneration, chronic pain, anxiety, NSAID intolerance, right lateral hip trochanteric bursitis, and bilateral hip pain. A request was made for four Butrans patches, 30 tablets of gabapentin, and 90 tablets of Percocet. The patient experienced lower back and bilateral lower extremity pain following her accident. Treatments rendered to date have included medications, activity modification, and Physical Therapy (PT). The submitted records showed that 12 PT visits were completed from February 14, 2013 to April 5, 2013. Right hip Magnetic Resonance Therapy (MRT) was obtained by [REDACTED] on April 12, 2013 and demonstrated possible tearing of the superior portion of the right acetabular labrum at the chondral-labral junction. A urine drug screen was performed on August 2, 2013 and was positive for oxycodone, oxymorphone, and acetaminophen. On August 15, 2013, the patient presented for an orthopedic consult with complaints of diffuse pain about the inner thigh, groin, posterolateral hip, and lower back. On physical examination, she was observed to have a slow cautious gait. Variable pain was reported with hip internal and external rotation. Give-way hip weakness was appreciated with flexion secondary to pain. X-rays reviewed during this visit showed no evidence of fractures or dislocations, well maintained joint spaces, and non-sacroiliac joint. An intraarticular hip injection was recommended. During her pain management re-evaluation on August 26, 2013, the patient complained of low back pain that radiated to the bilateral lower extremities. Pain severity was rated at 2/10 with medications and 5/10 without medications. She also reported having sleep limitations. Physical examination revealed moderate distress and slow and cane-assisted antalgic gait. Lumbar spine evaluation

IMR ISSUES, DECISIONS AND RATIONALES

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

prospective request for 30 Tablets of Gabapentin 600mg between Septmeber 6, 2013 and October 21,: Overturned

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 Anti-Epileptic Page(s): 17.

Decision rationale: The Guidelines indicate that gabapentin is considered as a first-line treatment for neuropathic pain. The medical report of [REDACTED] dated July 17, 2013 states, "Examination of the lumbar spine reveals a straight spine and Level pelvis. There is 2+ muscle guarding on the right. There is tenderness to palpation in the right lumbar region from L1 to L5-S1 and over the coccyx. There is tenderness to palpation over the right buttock. There are no scars evident. She moves on and off the examination table with difficulty". Therefore the request for 30 tablets of gabapentine between Septmeber 6, 2013 and October 21, 2013 is medically necessary.

prospective request for 4 Butrans Patches, 5mcg, between Septmeber 6, 2013 and October 21, 2013: 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 Opioid Agonist Page(s): 26-27.

Decision rationale: There is no clear documentation as to why this pateint requires Butrans patch. Considering the fact that she is also on percocet and gabapentine, with no documented evidence of functional improvement, the request for 4 butrans patch 5mcg from Septmeber 6, 2013 and October 21, 2013 is not medically necessary.

prospective request for 90 Tablets of Percocet, 5/325mg, between Septmeber 6, 2013 and October 21, 2013: 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 Page(s): 76, 77 , 82.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that Percocet (oxycodone (is a semi-synthetic opioid which is considered the most potent oral opioid) and

Acetamenophen) is Indicated for moderate to moderately severe pain. However, there are specific criteria to follow before a trial of opioids for chronic pain management, and there is no documentation that these guidelines were followed. Besides results of studies of opioids for musculoskeletal conditions (as opposed to cancer pain) generally recommend short use of opioids for severe cases, not to exceed 2 weeks, and do not support chronic use. Therefore, the request for percocoet, 5/325mg, #90 is not medically necessary.