

Case Number:	CM13-0055276		
Date Assigned:	12/30/2013	Date of Injury:	12/30/2009
Decision Date:	03/17/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/20/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a male patient with a date of injury of 12/30/09. A utilization review determination dated 10/28/13 recommends non-certification of Gabapentin and Hydrocodone/APAP. A progress report dated 10/8/13 identifies subjective complaints including low back pain radiating down the LLE to the toes with tingling and numbness. Right hand allodynia, color changes, temperature changes, and swelling. Pain is 4/10 with medications and 6/10 without. Right hand hot and cold sensation with sharp pain. Objective examination findings identify lumbar spine ROM moderately reduced secondary to pain, SLR positive on the BLE for radicular pain at 70 degrees, positive swelling right hand, increased pain with making a fist, positive allodynia right hand at amputation of PIP 1-3 digits. Diagnoses include lumbar radiculopathy; rule out CRPS RUE; depression; anxiety; s/p right hand trauma; s/p amputation multi digits; neuropathic pain right hand. Treatment plan recommends consider SCS trial, re-evaluation by hand surgeon, Gabapentin, Hydrocodone/APAP, Tramadol ER, and Exoten-C lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #30, ½ tablet at bedtime: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21.

Decision rationale: Regarding request for Gabapentin, CA MTUS Chronic Pain Medical Treatment Guidelines state that antiepilepsy 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 no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. Additionally, there is no discussion regarding side effects from this medication. In the absence of such documentation, the currently requested Gabapentin is not medically necessary.

Hydrocodone/APAP 10/325mg #90: Upheld

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

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

Decision rationale: Regarding the request for Hydrocodone/APAP, California MTUS Chronic Pain Medical Treatment Guidelines state that, 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 no indication that the Hydrocodone is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. The abrupt cessation of opioids is not recommended; however, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested Hydrocodone/APAP is not medically necessary.