

Case Number:	CM13-0057615		
Date Assigned:	12/30/2013	Date of Injury:	04/21/2005
Decision Date:	04/15/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/25/2013

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. The expert reviewer is Board Certified in Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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/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 56-year-old male that reported an injury on 04/21/2005. The mechanism of injury is not noted on the medical records provided. The patient was noted to have tenderness in the cervical paraspinal muscles, with restricted extension to 20 degrees, flexion 20 degrees, right and left rotation 60 degrees. Thoracolumbar spine showed tenderness in the paraspinal muscles. The patient has dorsolumbar spine flexion of 70 degrees, extension 10 degrees, with right and left bending at 20. The patient is status post lumbar spine surgery, with chronic pain, status post thoracic spine surgery times three (3), with chronic pain and chronic neck pain postoperatively. The medications listed are Codeine 60 mg every six (6) hours, as needed for severe pain and gabapentin 800 mg three (3) times a day routinely. There were no diagnostic studies, levels of activities of daily living or working levels if working, or therapies provided with the medical records. There were no pain levels given or effectiveness of the medications that the patient is currently been taking for the chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) PRESCRIPTION FOR CODEINE 60MG #120, WITH ONE (1) REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74.

Decision rationale: The medical records indicate that the patient has chronic pain status post multiple surgeries. The medical records do not give a level of pain level to support improvement with this medication. The clinical information does not provide evidence of objective functional improvement as a result of the medication and does not address side effects or aberrant behavior to meet guideline criteria to support continuation. The Chronic Pain Guidelines indicate that if opioid use is not effective, the option of discontinuing this therapy may occur. Four (4) domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids to include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The medical paperwork does not cover the four (4) A's, and there is no documentation that there is routine drug testing to show compliance with the prescribed medications. Also, there is not frequency provided to indicate how the patient is to take the medication. Therefore, the request is non-certified.

ONE (1) PRESCRIPTION FOR GABAPENTIN 800MG #90, WITH ONE (1) REFILL:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin (Gabapentin) and Antiepilepsy drugs (AEDs)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Gabapentin (Neurontin), Page(s): 49.

Decision rationale: The Chronic Pain Guidelines indicate that gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia, and has been considered as a first-line treatment for neuropathic pain. The clinical information provided failed to support the patient had findings of neuropathic pain and failed to provide evidence of objective improvement with this medication. Therefore the request is non-certified.