

Case Number:	CM14-0000734		
Date Assigned:	01/22/2014	Date of Injury:	06/15/2012
Decision Date:	06/02/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/02/2014

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 Physical Medicine and Rehabilitation; Pain Management has a subspecialty in Interventional Spine 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 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:

This patient is a 65-year-old male with a date of injury of 06/15/2012. The listed diagnoses per [REDACTED] are: 1. Right shoulder bursitis with acromioclavicular joint pain. 2. L4-L5 spondylolisthesis with right lower extremity radiculopathy and facet syndrome. According to report dated 11/19/2013 by [REDACTED], the patient presents with persistent low back pain. He has some right leg pain which has improved with an epidural injection. Patient's right shoulder also bothers him. Physical examination of the lumbar spine revealed paraspinal muscles tenderness, spasm, and guarding. Range of motion is limited. He can flex to 30 degrees and extend to 15 degrees. The hamstrings are tight bilaterally, greater on the right. Toe-heel walk is difficult on the right. Straight leg raise is positive on the right. There is some weakness noted. Treater is recommending hydrocodone 10/325 #60 for breakthrough pain and gabapentin 600 mg #120 for neuropathic pain. Utilization review denied the requests on 12/27/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 600 MG #120: 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 (Neurontin®®, Gabarone®, generic available) Page(s): 18-19.

Decision rationale: This patient presents with persistent low back pain. The treating physician is requesting gabapentin 600 mg #120. The MTUS Guidelines page 18 and 19 has the following regarding Gabapentin, "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered a first-line treatment for neuropathic pain." Medical records indicate the patient was first prescribed Gabapentin on 08/14/2013 for his neuropathic pain. Utilization review dated 12/27/2013 denied the request stating there are no documentation of neuropathic pain and no objective quantitative description of the patient's response to these medications. Review of progress reports indicate the patient has a positive straight leg raise with low back pain that radiates into the right leg. He also has L4-L5 spondyloisthesis with right lower extremity radiculopathy. Report 09/24/2013 by [REDACTED] stated, "Gabapentin has significantly reduced his symptoms along with the epidural injections." Given the patient's continued neuropathic pain and the documented efficacy of this medication, recommendation is for approval.

HYDROCODONE APAP 10/325 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific drug list..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 60-61, 78,80, 81, 88-89.

Decision rationale: This patient presents with persistent low back pain. The treating physician is requesting a refill of hydrocodone/APAP 10/325 mg #60. Review of the medical file indicates the patient has been taking hydrocodone since 01/16/2013. Page 78 of MTUS requires "Pain Assessment" that should include, "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. Medical records indicate the patient has been prescribed Hydrocodone since 01/16/2013. Review of records from 02/13/2013 to 11/19/2013 does not provide any discussions on specific functional improvement with taking this medication. Although the treating physician does provide a statement that "medications he is taking have also helped." It is unclear which medication "helped" and in what way. Furthermore, the treating physician does not provide a numerical scale to measure pain or a pain assessment as required by MTUS. The request for Hydrocodone is not medically necessary.