

Case Number:	CM14-0013454		
Date Assigned:	02/26/2014	Date of Injury:	05/15/2004
Decision Date:	07/30/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/03/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 57-year-old male who has submitted a claim for muscle spasm, brachial neuritis/radiculitis, lumbosacral and cervical spondylosis without myelopathy, intervertebral lumbar and cervical disc disorder with myelopathy, postlaminectomy syndrome lumbar region, degeneration of cervical intervertebral disc, cervicgia, spinal stenosis in cervical region, thoracic/lumbosacral neuritis/radiculitis, and lumbago, associated with an industrial injury date of May 15, 2004. Medical records from 2013 through 2014 were reviewed. The latest progress report, dated 02/03/2014, showed chronic, severe pain at multiple sites. He has chronic severe right knee pain due to osteoarthritis. He has chronic, severe cervicgia and intermittent cervical radiculopathy due to cervical degenerative disease. He has chronic, severe low back pain and intermittent lumbar radicular pain due to failed back surgery syndrome. Physical examination revealed limited range of motion bilaterally for the cervical spine with associated tenderness. Spurling maneuver was positive to right. Homan's sign was negative. There was tenderness along the paraspinal muscles of the lumbar area associated with restricted range of motion. Sitting straight leg raise test were positive bilaterally. There was difficulty in performing heel and toe walking. Motor exam revealed a normal posture but unsteady, cautious and antalgic gait. There was decreased muscle strength in both right upper and lower extremities. Decreased light touch sensation was noted in the right upper extremity along the C7 nerve root distribution pattern. The right knee has restricted range of motion with tenderness noted. Treatment to date has included lumbar fusion (2007), physical therapy, epidural steroid injection and medications which include Oxycontin since May 2013 and Neurontin since May 2013. Utilization review from 01/14/2014 modified the request from the purchase of Oxycontin 30mg #90 to Oxycontin 30mg #24 because the patient had been taking Oxycontin long-term without sufficient improvement in pain or function. Continued use with Oxycontin was not medically warranted and weaning was

implemented. Regarding Neurontin, the request was modified from the purchase of Neurontin (Gabapentin) 600mg #90 with 3 refills to Neurontin (Gabapentin) 600mg #73 because the patient had been taking Neurontin and pain levels have increased along with its use. It did not support at least a 30 percent pain reduction with use so weaning was recommended with discontinuation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 OXYCONTIN 30 MG #90: Overturned

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): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief (analgesia), side effects (adverse side effects), physical and psychosocial functioning (activities of daily living) and the occurrence of any potentially aberrant drug-related behaviours. 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. In this case, patient has been on Oxycontin since May 2013. The most recent progress report cited decreased in pain by 50% with the use of medications. The medications prescribed are keeping the patient functional, allowing for increased mobility, and tolerance of activity of daily living and home exercises. No intolerable side effects were associated. Urine drug screening was noted to be appropriate. The guideline criteria were met. Therefore, the request for Oxycontin 30mg #90 is medically necessary.

NEURONTIN (GABAPENTIN) 600MG #90 WITH REFILLS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16-17.

Decision rationale: According to pages 16-17 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin has been shown to be effective for the treatment of diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. 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. In this case, patient manifested neuropathic pain and was prescribed Gabapentin since May 2013. The most recent progress report cited decreased in pain by 50% with the use of medications. The medications prescribed are keeping the patient functional, allowing for increased mobility, and tolerance of activity of daily living and home exercises. No intolerable side effects were

associated. The medical necessity was established. Therefore, the request for Neurontin (Gabapentin) 600mg #90 with refills is medically necessary.