MAXIMUS Federal Services

Case Number:	CM14-0017218		
Date Assigned:	04/14/2014	Date of Injury:	08/06/2012
Decision Date:	05/30/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/11/2014

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, 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:

The patient is a 40 year old female who sustained a work-related injury on 8/6/12. Based on the 1/13/14 progress report by [redacted] the patient's diagnoses include chronic pain, lumbar radiculitis, bilateral ankle pain, bilateral foot pain, a history of bilateral hip contusions, and abdominopelvic pain status post a crush injury. She also appears to have sustained emotional trauma associated with injury; according to the primary treating physician, she was tearful as she ruminated on the circumstances of her injury. An MRI dated 8/15/12 shows posterior disc bulges of 2mm each at L2-3 and L4-L5, as well as a 3mm bulge at L5-S1 with mild left L4-5 neural foraminal narrowing. [redacted] is the requesting provider, and he provided treatment reports from 7/29/13-2/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 GABAPENTIN 300MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

Decision rationale: According to the 1/13/14 progress report by [redacted], the patient presents with neck pain that radiates to the left in the upper extremities, low back pain that radiates bilaterally to the lower extremities, lower extremity pain in the bilateral hips, and groin pain. The patient began taking Gabapentin on 9/24/12. The 1/13/14 progress report states that the patient's pain levels with medications is 4/10 and without medications is 9/10. The treater does not provide any documentation as to how Gabapentin is specifically tolerated and beneficial for the patient's symptoms. For Gabapentin, the MTUS guidelines require that the patient should be asked at each visit as to whether there has been a change in pain or function. Combination therapy is only recommended if there is no change with first-line therapy, with the recommended change being at least 30%. In this case, the patient has been prescribed Gabapentin since 9/24/12 without specific documentation of improvement. Furthermore, a clear diagnosis of neuropathic pain is not provided. The patient has some radicular symptoms, but the MRI is fairly unremarkable, and without nerve root lesions. As such, the request is not medically necessary.

4 BUTRANS PATCHES 10MCG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 27-28, 88-89.

Decision rationale: According to the 1/13/14 progress report by [redacted], the patient presents with neck pain that radiates to the left in the upper extremities, low back pain that radiates bilaterally to the lower extremities, lower extremity pain in the bilateral hips, and groin pain. For chronic opiate use, the MTUS Guidelines require functioning documentation using a numerical scale or validated instrument at least one every six months, and documentation of the 4 A's (analgesia, ADLs, adverse side effects, adverse behavior) is required. Furthermore, guidelines also recommend documentation of chronic pain, average pain, least pain, the time it takes for medication to work, duration of pain relief with medication, etc. The medical records provided for review document that the patient has been using Butran patches since 9/24/12. The records provide no discussion about how these patches have been helpful in terms of decreased pain or functional improvement. The 1/13/14 progress report states that the patient's pain levels with medications is 4/10 and without medications is 9/10; however, the primary treating physician does not correlate the pain scale to any specific medication. No outcome measures are provided and no activities of daily living or work status are discussed as related to chronic opiate use. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the request is not medically necessary.

90 TABLETS OF PERCOCET 5/235MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60-61.

Decision rationale: According to the 1/13/14 progress report by [redacted], the patient presents with neck pain that radiates to the left in the upper extremities, low back pain that radiates bilaterally to the lower extremities, lower extremity pain in the bilateral hips, and groin pain. The medical records provided for review indicate that the patient first took Percocet on 8/9/12. For chronic opiate use, the MTUS Guidelines require functioning documentation using a numerical scale or validated instrument at least one every six months, and documentation of the 4 A's (analgesia, ADLs, adverse side effects, adverse behavior) is required. Furthermore, guidelines also recommend documentation of chronic pain, average pain, least pain, the time it takes for medication to work, duration of pain relief with medication, etc. There are no discussions regarding any functional improvement specific to the opiate use, nor do any reports discuss any significant change in activities of daily living that can be attributed to the use of Percocet. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the request is not medically necessary.