MAXIMUS Federal Services

Case Number:	CM14-0110010		
Date Assigned:	08/01/2014	Date of Injury:	02/08/2000
Decision Date:	10/07/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/14/2014

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 Internal Medicine 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 injured worker is a 63 year old male who had a work related injury on 02/08/2000. The medical records submitted for review do not describe the mechanism of injury. The injured worker is back in today for follow up for an injection. The injured worker has severe back and severe pain radiating to both lower extremities and is having a hard time sleeping at night. His symptoms have been there for several years, but have become very severe. The injured worker has been taking nonsteroidal anti-inflammatories without relief and has had multiple sessions of physical therapy without any relief. The injured worker cannot sit or stand more than 15 minutes, has difficulty walking more than one block and feels that his quality of life is very compromised. Magnetic resonance image (MRI) dated 07/26/12 showed 2 cm x 4 mm high signal intensity lesion in the anterior mid aspect of the thecal sac at the level of L2 which may represent underlying syrinx. No tethered cord is identified. No specific abnormality is identified at the L1-2 level. Bilateral facet joint arthropathy at L2-3 and L3-4 levels. Desiccated L4-5 disc with bilateral facet joint arthropathy resulting in mild spinal stenosis. Bilateral facet joint arthropathy at L5-S1 level with attenuation of the central ventral subarachnoid space and moderate bilateral neural foraminal stenosis but no impingement on the thecal sac or nerve roots at this level is identified. The new MRI which shows moderate stenosis at L4-5 and he underwent bilateral L4-5 epidural steroid injection which helped considerably for a few weeks and it has worn off some but is still effective (report from epidural steroid injection and new MRI are not included with submitted documentation). On physical examination he ambulates with an antalgic and kyphotic gait. The injured worker has difficulty going from sitting to standing position. The injured worker has a positive straight leg raising bilaterally. Diagnoses are lumbar disc degeneration, lumbar spinal stenosis, status post fusion. Prior utilization review dated 07/01/14 was modified to initiate weaning on the hydrocodone 10/325mg, gabapentin

300mg and Lortab 10/500 mg. In review of the documentation submitted, there are no visual analog scale scores with and without medication, no documentation of functional improvement with the listed medications. Current request is for hydrocodone 10/325mg #120 with 2 refills, gabapentin 300mg #90 with 5 refills, and Lortab 10/500mg #120.13405

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone- acet 10 mg/325 mg # 120 refills 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of OpioidS Page(s): 77.

Decision rationale: There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented visual analog scale pain scores for this patient with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time.

Gabapentin 300 mg # 90 refills 5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Gabapentin (Neurontin) Page(s): 49.

Decision rationale: As noted on page 49 of the Chronic Pain Medical Treatment Guidelines, current guidelines recommend gabapentin for the treatment of neuropathic pain. The clinical documentation fails to establish the presence of objective findings consistent with neuropathy. As such, the request for gabapentin cannot be recommended as medically necessary.

Lortab 10-500 mg # 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 7.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented visual analog scale pain scores for this patient with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time.