

Case Number:	CM14-0119127		
Date Assigned:	08/06/2014	Date of Injury:	04/21/2005
Decision Date:	10/03/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/29/2014

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 Occupational 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:

This 57 year old patient had a date of injury on 4/21/2005. The mechanism of injury was not noted. In a progress noted dated 6/16/2014, subjective findings included Codeine 60mg is helping significantly with pain. They will do home exercise programs, and overall symptoms are unchanged. On a physical exam dated 6/16/2014, objective findings included tenderness in cervical, thoracic, lumbar paraspinal muscle with no guarding. No spasms. Thoracic spine shows tenderness with healed incision T1 through T5. Diagnostic impression shows chronic neck pain postoperative, S/P thoracic spine surgery with chronic pain, S/P lumbar spine surgery with chronic pain. Treatment to date: medication therapy, behavioral modification. A UR decision dated denied 7/3/2014 the request for codeine 60mg #120 times one stating lack of demonstrable and quantified evidence of meaningful functional benefits and pain reduction as result of long term use. Gabapentin 800mg #90 times one was denied, stating that there has not been any reported improvement with neuropathy symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

CODEINE 60MG #120 WITH 1 REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports viewed, this patient has been on Gabapentin 800mg TID since at least 4/8/2013, with limited documented functional improvement. Furthermore, a progress report dated 5/19/2014 noted that the plan was to discontinue codeine. However, in a progress report dated 6/16/2014, the patient continues to be on the same strength and dose of codeine, and attempts at weaning are not evident. Therefore, the request for Codeine 60mg #120 times one is not medically necessary.

GABAPENTIN 800MG #90 WITH 1 REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines states 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. In the reports viewed, this patient has been on Gabapentin 800mg TID since at least 4/8/2013, with limited documented functional improvement discussed in the recent reports viewed. Therefore, the request for Gabapentin 800 #90 times one is not medically necessary.