

Case Number:	CM14-0126876		
Date Assigned:	08/27/2014	Date of Injury:	09/20/2004
Decision Date:	09/25/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/11/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: According to the records made available for review, this is a 39-year-old male with a 9/20/04 date of injury. At the time (7/16/14) of request for authorization for 1 Prescription of Oxycontin 20mg #60, 1 Prescription of Norco 10/325mg #180, 1 Prescription of Ambien 10mg #15, and 1 prescription of Gabapentin 600mg #60 with 5 refills, there is documentation of subjective (moderate to severe low back pain radiating down the right leg with numbness and tingling; and insomnia) and objective (decreased lumbar range of motion, tenderness to palpation over the lumbar paravertebral muscles with tight muscle band, positive lumbar facet loading test, positive straight leg raise test, decreased strength of the bilateral lower extremities, and decreased sensation over the lateral foot and calf on the right) findings, current diagnoses (muscle spasm, lumbar degenerative disc disease, low back pain, lumbar radiculopathy, and lumbar facet syndrome), and treatment to date (ongoing therapy with Gabapentin, Norco, Oxycontin, and Ambien since at least 10/10/12 with decreased pain and increased activities of daily living). In addition, medical report identifies a pain agreement. Regarding 1 Prescription of Oxycontin 20mg #60, there is no documentation that a continuous, around-the-clock analgesic is needed for an extended period of time. Regarding 1 Prescription of Ambien 10mg #15, here is no documentation of short-term (two to six weeks) treatment of insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Oxycontin 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Oxycodone Page(s): 74-80, 92.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time, as criteria necessary to support the medical necessity of Oxycontin. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Oxycontin. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of muscle spasm, lumbar degenerative disc disease, low back pain, lumbar radiculopathy, and lumbar facet syndrome. In addition, there is documentation of moderate to severe pain. Furthermore, given documentation of a pain agreement, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Lastly, given documentation of decreased pain with increased activities of daily living with Oxycontin, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Oxycontin. However, there is no documentation that a continuous, around-the-clock analgesic is needed for an extended period of time. Therefore, based on guidelines and a review of the evidence, the request for 1 Prescription of Oxycontin 20mg #60 is not medically necessary.

1 Prescription of Norco 10/325mg #180: 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): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to

support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of muscle spasm, lumbar degenerative disc disease, low back pain, lumbar radiculopathy, and lumbar facet syndrome. In addition, given documentation of a pain agreement, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, given documentation of ongoing treatment with Norco with decreased pain and increased activities of daily living, there is documentation of functional benefit or improvement as a an increase in activity tolerance as a result of use of Norco. Therefore, based on guidelines and a review of the evidence, the request for 1 Prescription of Norco 10/325mg #180 is medically necessary.

1 Prescription of Ambien 10mg #15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Zolpidem.

Decision rationale: MTUS does not address this issue. ODG identifies Ambien (Zolpidem) as a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of muscle spasm, lumbar degenerative disc disease, low back pain, lumbar radiculopathy, and lumbar facet syndrome. In addition, there is documentation of insomnia. Furthermore, given documentation of decreased pain and increased activities of daily living with Ambien, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Ambien. However, given documentation of ongoing treatment with Ambien since at least 10/10/12, there is no documentation of short-term (two to six weeks) treatment of insomnia. Therefore, based on guidelines and a review of the evidence, the request for 1 Prescription of Ambien 10mg #15 is not medically necessary.

1 prescription of Gabapentin 600mg #60 with 5 refills: Overturned

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) Page(s): 18-19.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of Neurontin (Gabapentin). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of muscle spasm, lumbar degenerative disc disease, low back pain, lumbar radiculopathy, and lumbar facet syndrome. In addition, there is documentation of neuropathic pain. Furthermore, given documentation of ongoing treatment with Gabapentin with decreased pain and increased activities of daily living, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Gabapentin. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription of Gabapentin 600mg #60 with 5 refills is medically necessary.