

Case Number:	CM14-0167048		
Date Assigned:	11/07/2014	Date of Injury:	09/02/2005
Decision Date:	12/12/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/10/2014

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 49-year-old male with a date of injury of 09/02/2005. The listed diagnoses per [REDACTED] are: 1. Lumbar disk degeneration. 2. Chronic pain, other. 3. Failed back surgery syndrome, lumbar. 4. Lumbar radiculopathy. 5. Status post fusion, lumbar spine. According to progress report 08/27/2014, the patient presents with neck and low back pain. The pain is rated as 8/10 in intensity with medication and 10/10 without medication. The patient reports GERD related medication associated gastrointestinal upset. Treater states that activities of daily living, expectations of therapy, medication compliance, and potential adverse side effects were discussed with the patient. Examination of the lumbar spine revealed well healed surgical scar. There is spasm noted in the bilateral paraspinal musculature at L2 to L5. Tenderness was noted upon palpation at the bilateral paravertebral area in levels L2 to S1. Range of motion of the lumbar spine showed decreased range of motion on all planes. The patient is currently not working. The treater is requesting refill of medications. Utilization denied the request on 09/19/2014. Treatment reports from 04/08/2014 through 08/27/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Enovarx - Ibuprofen 10% kit #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical creams chronic pain section Topical Analgesics Page(s): 111,112.

Decision rationale: This patient presents with chronic neck and low back pain. The treater is requesting a refill of "EnovaRX-Ibuprofen 10% kit #1." EnovaRX-Ibuprofen 10% kit includes ibuprofen, USP powder 6 g, Microderm Base 54 g. MTUS Guidelines, page 111, Chronic Pain Medical Treatment Guidelines: Topical Analgesics has the following regarding topical creams (p111, chronic pain section): "Non-steroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period... Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment." In this case, the patient does not present with such a condition for which topical NSAIDs may be indicated. The patient has neck and low back pain. Treatment is not medically necessary and appropriate.

Gabapentin 600mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with chronic neck and low back pain. The treater is requesting a refill of gabapentin 600 #60. MTUS Guidelines page 18 and 19 has the following regarding gabapentin, "gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia, and has been considered the first-line of treatment for neuropathic pain." This patient has been utilizing gabapentin since at least 04/08/2014. The treater has stated that the patient has positive straight leg raise and has a diagnosis of lumbar radiculopathy. Progress reports indicate that the patient has decrease in pain, and notes that medications help assist in managing her pain. Given the patient meets the indication for gabapentin and the documented efficacy of medications which includes gabapentin, treatment is medically necessary and appropriate.

Hydrocodone 10/325mg #45: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS CRITERIA FOR USE OF OPIOIDS Page.

Decision rationale: This patient presents with chronic neck and low back pain. The treater is requesting hydrocodone 10/325 mg #45. The MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. Review of the medical file indicates the patient has been prescribed hydrocodone since at least 04/08/2014. Report 04/08/2014 indicates that the patient was counseled as to the benefits and potential side effects of prescribed medications. The treater states that "opiate analgesic medications have been renewed. The 4As criteria for continued therapy have been met." It was noted the patient has been compliant with medications and a pain contract is on file. Report 07/01/2014 and 08/27/2014 provides essentially the same discussion regarding opiate management. In this case, the treater has provided before and after pain scales to show analgesia and discusses possible side effects and indicates urine toxicology and CURES reports are on file. Recommendation for further use cannot be supported as there is no discussion of specific ADLs or change in work status to show significant functional improvement. Treater continually notes that the 4As are addressed; however, specific functional improvement and changes in ADLs were not provided. Furthermore, monthly progress reports indicates the urine toxicology and CURES reports are on file. Date of these reports and their outcomes are not provided. Given the lack of sufficient documentation for opiate management, treatment is not medically necessary and appropriate.