

Case Number:	CM14-0171048		
Date Assigned:	10/23/2014	Date of Injury:	10/10/2000
Decision Date:	11/25/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/16/2014

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 Family Practice, 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:

According to the medical records the patient is a 44-year-old male who sustained an industrial injury on October 10, 2000. The patient sustained injuries to his back, hip, knee, and right lower extremity when he fell backwards off a large stepstool. The patient is diagnosed with chronic back pain and lumbago. On July 24, 2014, Hydrocodone/APAP #180 30 day supply was modified to allow #150. Gabapentin 300 mg #90, 30 day supply, was modified to allow #60. Utilization review dated September 19, 2014 noted that Hydrocodone and Gabapentin was modified on July 24, 2014. The last office report was May 22, 2014. There were no current clinical records to support a present need for the medications. The patient was seen on May 22 2014 for chronic back pain. The patient was last seen on March 27, 2014. He has seen chiro and has obtained new shoes. He feels his new shoes are working. The patient feels the need to change OxyContin to Oxycodone IR due to lack of coverage. He has tried tens unit and physical therapy. Pain level is 9/10 when medications wear out, and is 5 to 6/10 with medications. He has continued to work full-time. Plan is to continue medications and change OxyContin to Oxycodone IR due to cost and lack of approval. The patient was evaluated on September 11, 2014. It is noted that the patient's was last seen on July 17, 2014. He has had reduced number of pills authorized. He has been on Oxycodone IR 30 mg q 4hr. and Norco q 4 hours. He is now having problems with sleep and getting to work late due to reduced medications. In the past he had six hours of sleep. He is now waking up and taking second pill and returning to sleep and sleeping beyond work start time Medications consists of Neurontin, Norco, and Oxycodone IR. The patient was to continue with Oxycodone IR, Norco, and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325 mg, 120 count: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The medical records indicate that the patient has been on opioid therapy for an extended period of time. While it is appreciated that the patient is working, ongoing chronic use of opioids is not recommended per evidence-based guidelines due to the development of habituation and tolerance. It should also be noted that chronic use of opioids leads to testosterone imbalance in men. It is recommended that the patient undergo weaning from his opioid medications and consideration could be given to additional adjuvants to Gabapentin in order to manage pain without opioids. However, given the chronicity of the use of opioids, abrupt disruption is not advised. Modification cannot be rendered in this peer review. As such, the request for Hydrocodone/APAP 10/325 mg #120 is medically necessary.

Gabapentin 300 mg, ninety count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs) Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AED) Page(s): 16-21.

Decision rationale: The medical records indicate that the patient is being followed for chronic back pain. The patient is noted to be working. Gabapentin is an AED which is recommended as a first-line treatment for chronic pain. The continued use of this medication is supported. The request for Gabapentin 300 mg #90 is medically necessary.