

Case Number:	CM14-0173853		
Date Assigned:	10/27/2014	Date of Injury:	01/10/1996
Decision Date:	12/03/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/21/2014

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 & 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 58-year-old male with a date of injury of 01/10/1996. The listed diagnoses per [REDACTED] are discogenic back pain, history of hepatitis, nonindustrial, lumbar radiculitis/radiculopathy, and multilevel degenerative disk disease, a 5- to 6-mm disk bulge at L4-L5 and 3- to 4-mm disk bulge at L5-S1 with L5-S1 annular fissure, bilateral L3-L4 and L4-L5 facet degenerative joint disease and peripheral polyneuropathy of the lower extremity. According to progress report 10/06/2014, the patient presents with complaints of pain to the buttock and down to the leg left greater than right. The pain is made worse with activity and better with medications. Pain is rated as 8-9/10 without pain medications. Current medication regimen includes gabapentin 300 mg, MS Contin 15 mg, and MSIR 15 mg. Examination of the lumbar spine revealed tenderness to palpation of the midline, forward flexion 45 degrees, and extension 10 degrees. The physician is requesting a refill of medications. Utilization review denied the request on 10/16/2014. Treatment reports from 04/09/2014 through 10/06/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin: Overturned

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): 88, 89, 76-78.

Decision rationale: This patient presents with chronic low back pain that radiates into the lower extremity. 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. The medical file provided for review indicates the patient has been taking MS Contin since at least 04/09/2014. Report 04/09/2014 states that the patient is taking medications as directed and tolerating them well. His pain is reduced to tolerable levels, and without pain medication, his level is "12/10 on a 0-10 scale." With medications, the pain is reduced to 4-5/10. Report 05/07/2014 states that UDT from 04/09/2014 was consistent with medications and CURES report was reviewed. No aberrant activity was noted. Report 07/03/2014 indicates the patient is able to participate in activities of daily living with current medications and he is able to have family relationships and sleep was also improved with opiate therapy. The patient has reported that he is able to walk, stand, and sit better, and he is able to do some light house chores and spend time with his family. In this case, the physician discusses analgesia and specific functional improvement with opiate therapy. CURES report and UDT results are consistent with the medications prescribed. The physician indicates that there is no potential aberrant drug-related behavior and the patient is tolerating the medications well. Given the efficacy of this medication, there is sufficient documentation for opiate management, therefore recommendation is for approval.

MS IR every 6-8 hours as needed: 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
CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89, 76-78.

Decision rationale: This patient presents with chronic low back pain that radiates into the lower extremity. 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. The medical file provided for review indicates the patient has been taking this medication since at least 04/09/2014. Report 04/09/2014 states that the patient is taking medications as directed and tolerating them well. His pain is reduced to tolerable levels, and without pain medication, his level is "12/10 on a 0-10 scale." With medications, the pain is reduced to 4-5/10. Report 05/07/2014 states that UDT from 04/09/2014 was consistent with medications and CURES report was reviewed. No aberrant

activity was noted. Report 07/03/2014 indicates the patient is able to participate in activities of daily living with current medications and he is able to have family relationships and sleep was also improved with opiate therapy. The patient has reported that he is able to walk, stand, and sit better, and he is able to do some light house chores and spend time with his family. In this case, the physician discusses analgesia and specific functional improvement with opiate therapy. CURES report and UDT results are consistent with the medications prescribed. The physician indicates that there is no potential aberrant drug-related behavior and the patient is tolerating the medications well. Given the efficacy of this medication, there is sufficient documentation for opiate management, therefore recommendation is for approval.

Neurontin: 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, 19.

Decision rationale: This patient presents with chronic low back pain that radiates into the lower extremity. The MTUS guidelines pages 18 and 19 has the following regarding gabapentin, "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia, and has been considered a first-line treatment for neuropathic pain." Review of the medical file indicates the patient has been utilizing this medication since at least 04/9/14. The physician has noted that medications allow patient to participate in ADLs and provides a decrease in pain from average "12/10 on a 0-10 scale" to 4-5/10. Given the efficacy of this medication recommendation is for approval.