

Case Number:	CM14-0174875		
Date Assigned:	10/28/2014	Date of Injury:	12/13/2004
Decision Date:	12/04/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/22/2014

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 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:

The patient is a 60 year-old man who was injured at work on 12/13/2004. The injury was primarily to his back. He is requesting review of denial for the following medications: Gabapentin 300mg, 1 Capsule TID and Norco 10/325mg, 1 Tablet QID, #210. Medical records corroborate ongoing care for his injuries. His chronic diagnoses include: Lumbago; Low Back Pain; Lumbosacral Spondylosis without Myelopathy; and Lumbar/Lumbosacral Osteoarthritis. He has been treated with NSAIDs, Muscle Relaxants, Opioids, Benzodiazepines and Topical Analgesics. He has also received a referral to a Pain Management Specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg capsule one PO TID: 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 Anti-Epilepsy Drugs Page(s): 16-22.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of antiepilepsy drugs (AEDs) for the treatment of pain. These guidelines state that AEDs are "recommended for neuropathic pain." Further, that most randomized controlled trials for the use

of this class of medication have been directed at post herpetic neuralgia and painful polyneuropathy, with diabetic polyneuropathy being the most common example. Regarding the use of AEDs for chronic non-specific axial low back pain, the guidelines state that "a recent review has indicated that this is insufficient evidence to recommend for or against AEDs for axial low back pain." The specific AED, gabapentin, has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia. Gabapentin may also be used for the following conditions: spinal cord injury, fibromyalgia, and lumbar spinal stenosis. When used, the guidelines state that there should be a recommended trial period for 3 to 8 weeks for titration, then 1 to 2 weeks at maximum tolerated dose. In reviewing this patient's medical records, there is no objective evidence to support that the patient's pain is neuropathic in nature. Specifically, there is no description of the quality of the pain in the subjective section of notes indicating that the pain has neuropathic qualities. Further, there is no documentation in the physical exam section with findings consistent with neuropathy. Finally, none of the diagnoses provided meet the MTUS/Chronic Pain Medical Treatment Guidelines requirements for conditions that an AED such as gabapentin may be used. Based on these findings, there is no evidence to support the use of Gabapentin in this patient. It is not considered as medically necessary.

Norco- Hydrocodone/APAP 10/325mg tablet one PO QID qty: 210: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 6, page 142

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78,80.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids. These guidelines have established criteria on the use of opioids for the ongoing management of pain. Actions should include: prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There should be evidence of documentation of the "4 A's for Ongoing Monitoring." These four domains include: pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). Finally, the guidelines indicate that for chronic back pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (Page 80). Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for

the ongoing use of opioids. There is insufficient documentation of the "4 A's for Ongoing Monitoring." The treatment course of opioids in this patient has extended well beyond the timeframe required for a reassessment of therapy. Finally, it is unclear why the request is for #210 tablets in a patient on a QID regimen. It is common practice to provide a one-month supply. 210 tablets exceed a one-month supply of this medication. In summary, there is insufficient documentation to support the chronic use of an opioid in this patient. Treatment with Norco is not considered as medically necessary.