

Case Number:	CM14-0177770		
Date Assigned:	10/31/2014	Date of Injury:	01/25/2010
Decision Date:	12/10/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/27/2014

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 Internal Medicine and is licensed to practice in Arizona. 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 injured worker is a 54 year old man with a work-related injury dated 1/25/10 resulting in chronic pain in the back and hip. He has had anterior fusion at L4-5 and L5-S1. The patient was evaluated on 10/2/14. His pain level was stable and unchanged, the activity level was unchanged. The physical exam showed a slow gait with decreased range of motion of the lumbar spine with tenderness to palpation of the paravertebral muscles. There was positive straight leg raising on the right side. The diagnosis included mood disorder, spinal lumbar degenerative disc disease and low back pain. The plan of treatment included Dilaudid 4mg 1 tablet three times a day #90 and Neurontin 600mg 1 tablet two times a day #60. There was no assessment of functional status or return to work. Under consideration is the continued medical necessity of Dilaudid and Neurontin for pain. These medications were denied during utilization review dated 10/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg 1 tablet three times a day as needed #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93.

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

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Hydromorphone is a short-acting opioid considered an effective method in controlling chronic pain. Short-acting opioids are often used for intermittent or breakthrough pain. Possible side effects include respiratory depression and apnea. The more common side effects are dizziness, sedation, nausea, vomiting, sweating, dry mouth and itching. Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. With regards to using opioids for chronic pain they have been suggested for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). There are not trials of long-term use. The use of opioids for chronic back pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (greater than 16 weeks), but also appears limited. The major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (less than 70 days). This leads to a concern about confounding issues such as tolerance, opioid-induced hyperalgesia, and long-range adverse effects such as hypogonadism and/or opioid abuse. The major goal of continued use is improved functional status. In this case there is no documentation to support functional improvement while taking opioid analgesic medications. Furthermore the patient has been taking these medications for longer than 16 weeks. The continued use of Dilaudid is not medically necessary.

Neurontin 600mg 1 tablet two times a day #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Neurontin (Gabapentin) is an anti-epilepsy drug (AED), which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. In this case the documentation doesn't support that the patient has a diagnosis of diabetic neuropathy and postherpetic neuralgia. Therefore, the use of Neurontin (Gabapentin) is not medically necessary.