

Case Number:	CM14-0182006		
Date Assigned:	11/06/2014	Date of Injury:	09/09/2004
Decision Date:	12/09/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/03/2014

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:

41 year old female claimant sustained a work injury on 9/9/04 involving the low back. She was diagnosed with L4-L5 disc disease and underwent an artificial disc replacement in 2007. A progress note on 8/5/14 indicated the claimant had persistent 5/10 low back pain with radicular symptom. Exam findings were notable for decreased range of motion and the lumbar spine. The claimant had been on Oxycodone IR 10 mg QID and Gabapentin 600 mg TID at the time. The physician added Oxycontin 10 mg BID for additional pain relief. A previous pain management visit indicated an epidural steroid injection, spinal stimulator and / or morphine pump may be needed for pain control. A progress note on 10/9/14 indicated the claimant had continued back 7/10 pain with medication. The claimant had benefit on Oxycontin 20 mg BID along with Gabapentin. The medications improved function 30-50%. The medications were continued. A recent request was made for Oxycontin 30 mg BID.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: According to the MTUS guidelines, opioids are rarely beneficial for mechanical or compressive etiologies. There are no long-term studies for the use of opioids. The notes state the claimant had "improved pain and function on Oxycontin 20 mg BID." The 30 mg dose was not justified in the clinical documentation. In addition, a controlled substance agreement is not noted to ensure compliance and avoid abuse potential. The request for Oxycontin 30 mg BID is not medically necessary.

Gabapentin 600mg #90: Upheld

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

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

Decision rationale: According to the MTUS guidelines, Gabapentin 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. Recommended Trial Period: One recommendation for an adequate trial with gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. In this case, the claimant does not have the stated conditions approved for Gabapentin use. Furthermore, the treatment duration was longer than recommended. Gabapentin is not medically necessary.