

Case Number:	CM14-0052491		
Date Assigned:	07/07/2014	Date of Injury:	09/05/2008
Decision Date:	08/13/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/21/2014

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 and is licensed to practice in Illinois. 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 48-year-old female with a reported date of injury on 09/05/2008. The injury reportedly occurred when the injured worker was lifting a box and had acute onset of low back pain. Her diagnoses were noted to include lumbosacral spondylosis and lumbosacral neuritis. Her previous treatments were noted to include physical therapy and medications. The progress note dated 10/17/2012 revealed the injured worker complained of pain to the right lower back shooting down the right leg. The physical examination revealed tenderness to the lumbar spine with positive paravertebral muscle spasms, positive straight Leg Raise bilaterally and weakness. The provider reported the injured worker needed detoxification, aqua therapy, and a gym membership. The progress note dated 11/21/2012 revealed the injured worker had poor sleep because of her low back pain and average to a total of 4 hours of sleep per night as she was woken during the night for her back pain. Her medications were noted to include Oxycontin, Wellbutrin, Risperdal, Norco, and Ambien. The physical examination revealed the injured worker appeared drowsy because of the medications, no neurological abnormalities were noted. The Request for Authorization Form was not submitted within the medical records. The request is for Norco 10/325 mg, Oxycontin 40 mg, and Gabapentin 300mg. The provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #60 Refill 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids MED calculator.

Decision rationale: The injured worker has been utilizing this medication since 2011. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with a detailed documentation of pain relief, functional status, appropriate medication use and side effects. The guidelines also state the 4's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. There was a lack of documentation regarding evidence of increased pain on numerical scale with the use of medications. There was a lack of documentation regarding improved functional status and side effects. There was a lack of documentation regarding whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, due to the lack of evidence regarding significant pain relief, increased functional status, adverse effects, and without details regarding urine drug testing to verify appropriate medication use and the absence of aberrant behavior, the ongoing use of opioid medications is not supported by the guidelines. The guidelines also recommend 100 morphine equivalent dose per day and the combination of Oxycontin and Norco exceeds guideline recommendations. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, Norco 10/325 mg #60 is not medically necessary.

Oxycontin 40 mg #60 Refill 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49, 79-96.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioid MED calculator.

Decision rationale: The injured worker has been utilizing this medication since 2011. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of Opioid medications may be supported with a detailed documentation of pain relief, functional status, appropriate medication use and side effects. The guidelines also state the 4's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. There was a lack of documentation regarding evidence of increased pain on numerical scale with the use of medications. There was a lack of documentation regarding improved functional status and side effects. There was a lack of documentation regarding whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, due to the lack of evidence regarding significant pain relief, increased functional status, adverse effects, and without details regarding urine drug testing to verify appropriate medication use and the absence of aberrant behavior, the ongoing use of Opioid medications is not supported by the guidelines. The guidelines also recommend

100 morphine equivalent doses per day and the combination of Oxycontin and Norco exceeds guideline recommendations. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, Oxycontin 40 mg #60 is not medically necessary.

Gabapentin 300 mg #90 Refill 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49, 79-96.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs, Gabapentin (Neurontin) Page(s): 16, 49.

Decision rationale: The injured worker has been taking this medication for radiculopathy. The California Chronic Pain Medical Treatment Guidelines recommend anti-epilepsy drugs for neuropathic pain (pain due to nerve damage). There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy. There are few random controlled trials directed to central pain and none for painful radiculopathy. The Guidelines state Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and had been considered as a first line treatment for neuropathic pain. There is not a recent, adequate, and complete assessment submitted within the medical records. There is a lack of clinical findings to warrant radicular symptoms to necessitate Gabapentin. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, Gabapentin 300 mg #90 is not medically necessary.