

Case Number:	CM14-0060025		
Date Assigned:	09/12/2014	Date of Injury:	01/23/2006
Decision Date:	10/20/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/30/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 who reported an injury of unknown mechanism on 01/23/2006. On 05/29/2014, her diagnoses included lumbar spondylosis, postlaminectomy of the lumbar spine, lumbar or thoracic radiculopathy, myofascial pain syndrome, and diabetes mellitus. Her medications included oxycodone 10 mg, omeprazole 20 mg, Norco 10/325 mg, glimepiride 4 mg, Atorvastatin 10 mg, Losartan 50 mg, Lorazepam 1 mg, Cymbalta 60 mg, Lunesta 3 mg and gabapentin which was being increased from 900 mg per day to 1800 mg per day. Her complaints included low back pain bilaterally, radiating to the right buttock. She rated her pain at 9/10. The rationale for the Norco and oxycodone was to help with her pain. There was no rationale for the requested gabapentin. There was no Request for Authorization included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300 MG Quantity 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Gabapentin (Neurontin), Page(s): 16-22, 49.

Decision rationale: Per the California MTUS Guidelines, antiepilepsy drugs are recommended for neuropathic pain, primarily postherpetic neuralgia and painful polyneuropathy with diabetic polyneuropathy being the most common example. A good response for the use of antiepileptic medications has been defined as a 50% reduction in pain and a moderate response has a 30% reduction. Gabapentin specifically has been considered as a first line treatment for neuropathic pain. It has also been recommended for complex regional pain syndrome. There is no documentation that this injured worker had complex regional pain syndrome or postherpetic neuralgia. She did have a diagnosis of diabetes, but no indication that she had diabetic polyneuropathy. Additionally, there was no frequency of administration included with this request. Therefore, the request for Gabapentin 300 mg quantity 90 is not medically necessary.

Hydrocodone/APAP 10/325mg Quantity 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use and side effects. It should include current pain and intensity of pain before and after taking the opioid. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDS. Long term use may result in immunological or endocrine problems. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluation including side effects, failed trials of NSAIDS or aspirin, quantified efficacy or drug screens. It was noted that this worker rated her pain at 9/10. There is no evidence that this opioid medication was significantly reducing her pain. Additionally, there was no frequency specified in the request. Since this worker was taking more than 1 opioid medication, without the frequency, the morphine equivalency dosage could not be calculated. Therefore, this request for hydrocodone/APAP 10/325 mg quantity 180 is not medically necessary.

Oxycodone 10mg Quantity 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use and side effects. It should include current pain and intensity of pain before and after taking the opioid. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDS. Long term use may result in immunological or endocrine problems. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluation including side effects,

failed trials of NSAIDS or aspirin, quantified efficacy or drug screens. It was noted that this worker rated her pain at 9/10. There is no evidence that this opioid medication was significantly reducing her pain. Additionally, there was no frequency specified in the request. Since this worker was taking more than 1 opioid medication, without the frequency, the morphine equivalency dosage could not be calculated. Therefore, this request for oxycodone 10 mg quantity 90 is not medically necessary.