

Case Number:	CM14-0068346		
Date Assigned:	07/14/2014	Date of Injury:	11/17/2000
Decision Date:	08/20/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/13/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 60-year-old male who reported an injury on 11/17/2000 due to an unknown mechanism. Diagnoses for the injured worker were low back pain, lumbar degenerative disc disease, lumbar post laminectomy syndrome, muscle pain and chronic pain syndrome. The injured worker had an EMG on 07/31/2013, which was an abnormal study. The impression demonstrated evidence of chronic left L5 and S1 radiculopathies. The injured worker is status post laminectomy syndrome. The injured worker had a physical examination on 04/18/2014 which revealed the injured worker continued to complain of low back pain, even though he was still finding some benefit from the lumbar epidural steroid injection that he received on 12/10/2013. Examination of the lumbar spine revealed 5/5 bilateral lower extremity strength, sensation was intact and equal. Patrick sign was negative bilaterally. Straight leg raising was negative bilaterally and there was minimal tenderness and spasm over the paraspinals. Medications for the injured worker were Robaxin 750 mg 1 tablet twice a day as needed, Neurontin, Hydrocodone/acetaminophen 10/325 1 tablet 3 times a day as needed, Celexa, Tenormin, Levothyroxine, Lovastatin, Meloxicam, Nortriptyline and Sumatriptan. Treatment plan for the injured worker was to continue medications to decrease pain and increase his function. The injured worker did have a urine toxicology screening done which revealed he was taking his opiate medication appropriately. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective hydrocodone/acetaminophen 10/325 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids for chronic pain.

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

Decision rationale: The California Medical Treatment Utilization Schedule states for the ongoing management of opioid medication 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 opioid, how long it takes for pain relief and how long pain relief lasts. The medical guidelines have also set forth the 4 A's for ongoing and monitoring of opioids. Documentation should include pain relief, side effects, physical and psychosocial functioning and recurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, aberrant drug taking behaviors). Monitoring of these outcomes over time should effect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The injured worker states that the medications are helpful to decrease his pain and increase his function. Although the injured worker has reported pain relief and functional improvement from the medication, there was a lack of documentation provided of pre and post medication VAS scores and evidence of objective functional improvement from the medication. Also, the request as submitted failed to indicate a frequency for the medication. Therefore, the request is not medically necessary and appropriate.

Gabapentin 600 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin, Antiepilepsy Drugs Page(s): 49, 16, 17.

Decision rationale: The California Medical Treatment Utilization Schedule states gabapentin is an antiepilepsy drug and is also referred to an anticonvulsant, which has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first line treatment for neuropathic pain. After initiation of gabapentin, there should be a documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. Although the injured worker has reported pain relief and functional improvement from the medication, there was a lack of documentation provided of pre and post medication VAS scores and evidence of objective functional improvement from the medication. Also, the request as submitted failed to indicate a frequency for the medication. Therefore, the request is not medically necessary and appropriate.

