

Case Number:	CM14-0093018		
Date Assigned:	07/25/2014	Date of Injury:	01/21/2002
Decision Date:	10/27/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/19/2014

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 and Rehabilitation 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:

The underlying date of injury in this case is 01/21/2002. The date of the original utilization review under appeal is 06/05/2014. On 04/24/2014, the patient was seen in followup regarding back pain. The patient was reportedly taking oxycodone and gabapentin and reported ongoing pain. The patient reported her back sometimes would hurt severely with every step she would take. A physical exam was not documented. Approval was pending regarding requested epidural injection. Previously on 03/04/2014, the patient was seen in followup and noted to have lumbar stenosis as well as postlaminectomy syndrome. At that time, the patient was off morphine and was using diclofenac with omeprazole. A limited quantity of hydrocodone was recommended at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 400mg, qty 90 with 12 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy/Anti-convulsant drugs.

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on antiepileptic medication states regarding gabapentin that this medication has been considered a first-line treatment for neuropathic pain. A prior physician review states that there is no indication this patient has neuropathic pain. However, the medical records outline that this patient has lumbar foraminal stenosis and a postlaminectomy syndrome and that gabapentin has been utilized to try to limit the dose of opioids. This clinical rationale is consistent with the treatment guidelines. This request is medically necessary.

Hydrocodone-APAP (Norco) 10/325mg, qty 24: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Ongoing Management Page(s): 78.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on opioids/ongoing management, beginning on page 78, discusses the 4 A's of opioid management in detail. These guidelines in particular do not recommend opioids for chronic back pain without clear documentation of functional benefit and clinical reasoning. The medical records at this time do not document such benefit from opioids in this case. The 4 A's of opioid management have not been met. This request is not medically necessary.

Tramadol (Ultram) 50mg, qty 60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Ongoing Management Page(s): 78.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on opioids/ongoing management, beginning on page 78, discusses the 4 A's of opioid management in detail. These guidelines in particular do not recommend opioids for chronic back pain without clear documentation of functional benefit and clinical reasoning. The medical records at this time do not document such benefit from opioids in this case. The 4 A's of opioid management have not been met. This request is not medically necessary.

Diclofenac (Voltaren) 50mg EC tablet, qty 60 with 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatory Medications Page(s): 22.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on antiinflammatories recommends antiinflammatory medications as a first-line treatment for musculoskeletal pain. The initial physician review concluded that the medical records did not support a rationale for long-term use of this medication. The records do document ongoing musculoskeletal pain syndrome with a history of a past lumbar laminectomy. The records document a preference to use non-opioid pain management, which is supported by the treatment guidelines. This request is medically necessary.

Omeprazole 20mg, qty 30 with 11 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatories and GI Symptoms Page(s): 68.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on antiinflammatories and gastrointestinal symptoms, page 68, recommends that the clinician should determine if the patient is at risk for gastrointestinal events. The medical records in this case do not clearly document gastrointestinal symptoms or another rationale for gastrointestinal prophylaxis. This request is not supported by the treatment guidelines. This request is not medically necessary.