

Case Number:	CM14-0161460		
Date Assigned:	10/06/2014	Date of Injury:	12/03/2009
Decision Date:	01/05/2015	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/01/2014

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 Occupational 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:

Patient is a 40 year-old male with date of injury 12/03/2009. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/1/2014, lists subjective complaints as pain in the low back. Objective findings: Examination of the lumbar spine revealed tenderness to palpation of the paraspinal muscles with decreased sensation of the L2-S1 dermatomes on the left side. Strength testing was 4/5 for the bilateral lower extremities. Diagnosis: 1. Post lumbar laminectomy syndrome 2. Lumbar radiculopathy. Patient has had multiple inconsistent drug screenings. The medical records supplied for review document that the patient has been taking the following medications for at least as far back as eight months. Medications: 1. Oxycodone Hcl 30mg, #90 SIG: 1 pill Q4-Q6. Cymbalta 60mg, #30 SIG: one pill daily 3. Gabapentin 300mg, #120 SIG: 1 pill four times daily 4. Oxymorphone Hcl Er 30mg, #90 SIG: 1 pill Q6-Q8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone Hcl 30mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little functional improvement over the course of the last 8 months. Oxycodone Hcl 30mg #90 is not medically necessary.

Oxymorphone Hcl Er 30mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

Decision rationale: According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. There is no documentation of the above criteria for either of narcotics that the patient has been taking. Oxymorphone Hcl Er 30mg #90 is not medically necessary.

Cymbalta 60mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 14,105.

Decision rationale: Recommended as an option in depressed patients for non-neuropathic pain, but effectiveness is limited. The medical record fails to document depression secondary to chronic pain; the patient does have radicular pain. Cymbalta 60mg #30 is not medically necessary.

Gabapentin 300mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19.

Decision rationale: The MTUS states that gabapentin is an anti-epilepsy drug which 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. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is no documentation of any functional improvement. Gabapentin 300mg #120 is not medically necessary.