MAXIMUS Federal Services

Case Number:	CM14-0190060		
Date Assigned:	11/21/2014	Date of Injury:	03/08/1994
Decision Date:	01/09/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/14/2014

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 Family Medicine and is licensed to practice in Ohio. 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 61-year-old male with a date of injury of March 8, 1994. He has a history of chronic neck, right shoulder, and low back pain. He has a remote history of a cervical fusion. He also had right shoulder arthroscopic surgery in the 1990s. He has had stable to worsening right shoulder pain for roughly 2 years and was found to have a partially torn rotator cuff recently. He developed a left lower extremity radiculopathy roughly in June 2013. The physical exam has revealed diminished range of motion of the right shoulder with tenderness to palpation of the bicipital groove and coracoid process. There is diminished cervical range of motion and a negative Spurling's test without evidence of upper extremity radiculopathy. He has been antalgic gait and hypertonicity of the lumbar paraspinal musculature. An MRI scan of the lumbar spine has revealed evidence of mild facet arthropathy, multilevel broad-based disc bulges and mild to moderate foraminal stenosis at L3 through L5. He has been taking methadone for a number of years for his pain presumably to avoid Tylenol as he also has a diagnosis of hepatitis C. It is documented that the methadone diminishes pain levels by 50% and specific examples of improved functionality had been provided. Gabapentin was started in December 2013, initially at 300 mg 3 times daily and slowly increased to 800 mg 3 times daily. It has been noted that the gabapentin has been somewhat helpful in toning down his lower extremity neuropathy. The injured worker is currently awaiting a referral approval for possible epidural steroid injection. At issue is a request for methadone 10 mg, #105, with 2 refills and a gabapentin 800 mg #90 with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 800mg # 90 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-22.

Decision rationale: Antiepileptic drugs such as gabapentin are considered first-line medications for pain due to nerve damage. A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. In this instance, there have been rare and very general statements about the efficacy of gabapentin for the radicular pain for this injured worker. It is evident that the degree of pain relief so far given by the medication has not been adequate because of the addition of nortriptyline on September 5, 2014. It seems that gabapentin may in fact be an appropriate medication but so far there has been no quantification of pain relief with the gabapentin alone and/or in combination with the nortriptyline. The provision of a 30 day supply of gabapentin with 5 refills is excessive absent this documentation. Consequently, Gabapentin 800mg # 90 with 5 refills is not medically necessary per the cited guidelines.

Methadone 10mg # 105 with 2 refills: Overturned

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): 74-96.

Decision rationale: Those prescribed opioids chronically should have ongoing assessment for pain relief, functionality, adverse medication side effects, and aberrant drug taking behavior. Opioids may generally be continued if the injured worker has regain employment and/or there is improvement in pain and functionality as a consequence of the medication. In this instance, urine drug testing has revealed consistent results and there have been improvements in pain and functionality. The previous utilization review physician denied the request to refill the methadone with 2 additional refills on the basis that the medication required closer monitoring. However, it is evident that the treating physician is following up with the injured worker on a monthly basis. Therefore, Methadone 10mg # 105 with 2 refills was medically necessary.