

Case Number:	CM14-0190981		
Date Assigned:	11/24/2014	Date of Injury:	11/03/1990
Decision Date:	01/09/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/17/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 58 year old male with an injury date on 11/03/1990. Based on the 09/30/2014 handwritten progress report provided by the treating physician, the diagnoses are: 1. Lumbar spine radiculitis². Post lumbar fusion³. Degenerative dis disease lumbar spine⁴. Lumbar spondylosis without myelopathy⁵. Prior epidural injection with positive result. According to this report, the patient complains of severe low back pain that radiates to legs. The pain level is from 5-7 on a scale of 0 to 10. Examine findings show numbness, tingling, spasm and increases pain with bending, lifting, walking and standing. Straight Leg Raise test is positive. There were no other significant findings noted on this report. The utilization review denied the requests for (1) Roxicodone 30 mg #180 1-2 TID for pain and (2) Neurotin 300 mg #120 QID on 10/16/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 04/29/2014 to 10/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Roxicodone 30mg #180 1-2 TID for pain: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List, Oxycodone.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, criteria for use of opioids Page(s): 60-61, 76-78, 88-89.

Decision rationale: According to the 09/30/2014 handwritten report, this patient presents with low back pain that radiates to legs. Per this report, the current request is for Roxicodone 30 mg #180. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of reports show patient has "increases pain with bending, lifting, walking and standing." Patient has "pain relief in leg, increase with function and increase ADL. Pain level 4-5 with medications, no side effects." The patient's work status is "totally and permanently disabled at the present time due to the severity of the pain and use of narcotic medications." The treating physician mentions that "There is no evidence of addictions or diversion. CURES Report was pulled and was consistent with the patient's current narcotic medications. Also, drug urine screening was performed which was consistent with the patient's current pain medications." In this case, reports show good documentation of the four A's as noted above. The request is medically necessary.

Neurontin 300mg ##120 QID: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin (Gabapentin) Page(s): 18-19.

Decision rationale: According to the 09/30/2014 handwritten report, this patient presents with low back pain that radiates to the legs. Per this report, the current request is for Neurothin 300 mg #120. The MTUS Guidelines pages 18 and 19 reveal the following regarding Gabapentin, "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered a first-line treatment for neuropathic pain." Review of records show documentation of radiation, numbness and tingling in the legs. The ODG guidelines support the use of anti-convulsants for neuropathic pain. The treating physician documented "pain meds works better, pain level 4-5 with meds." In this case, the patient has been prescribed Neurontin since 06/24/2014 with pain reduction documented. The request is medically necessary.