

Case Number:	CM14-0191058		
Date Assigned:	11/24/2014	Date of Injury:	03/17/2003
Decision Date:	01/09/2015	UR Denial Date:	11/04/2014
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 and 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 55-year old male with an injury date on 03/17/2003. Based on the 10/29/2014 illegible hand written progress report provided by the treating physician, the diagnoses are: 1. Tear med menisci knee-cur2. Lumbar disc displacement3. Rotator cuff disc neckAccording to this report, the patient complains of "my both legs are in pain, lower back on pain 24/7, my hip are on pain all my body at this time. Back pain and hip pain 8/10 with medication. Has gained 85 lbs. There is weakness of leg. The 07/16/2014 report indicated there is tenderness at the lumbar spine and lateral thigh with decreased sensation. Straight leg raise is positive. There is stiffness with changed of position. There were no other significant findings noted on this report. The utilization review denied the request for (1) Gabapentin 300mg #90, (2) Ibuprofen 600mg #60, (3) Omeprazole 20mg #60, (4) Norco 10/325mg #90, (5) Tramadol 50mg #90, (6) Lyrica 50mg #90, and (7) Butrans patch 5mcg #4 on 11/04/2014 based on the MTUS/ODG guidelines. The requesting physician provided treatment reports from 05/30/2013 to 10/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone, generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Gabapentin (Neurontin) Page(s): 18-19, 49.

Decision rationale: According to the 10/29/2014 report, this patient presents with low back pain, and "pain all my body at this time. The current request is for Gabapentin 300mg #90 but the treating physician's report containing the request is not included in the file. This medication was first mentioned in the 05/30/2013 report; it is unknown exactly when the patient initially started taking this medication. Regarding Anti-epileptic (AKA anti-convulsants) drugs for pain, MTUS Guidelines recommend for "treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Review of reports indicates that the patient has neuropathic pain. The ODG guidelines support the use of anti-convulsants for neuropathic pain. However, the treating physician does not mention that this medication is working. There is no discussion regarding the efficacy of the medication. MTUS page 60 require that medication efficacy in terms of pain reduction and functional gains must be discussed when used for chronic pain. Therefore, the request is not medically necessary.

Ibuprofen 600mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Anti-inflammatory medications; non-steroidal anti-inflammatory drug.

Decision rationale: According to the 10/29/2014 report, this patient presents with low back pain, and "pain all my body at this time. The current request is for Ibuprofen 600mg #60 but the treating physician's report containing the request is not included in the file. The MTUS Guidelines page 22 reveal the following regarding NSAID's, Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." Ibuprofen was first noted in the 07/16/2014 report; it is unknown exactly when the patient initially started taking this medication. The treating physician provided no discussions on functional improvement and the effect of pain relief as required by the guidelines. MTUS guidelines page 60 require documentation of medication efficacy when it is used for chronic pain. In this case, there is no mention of how this medication has been helpful in any way. Therefore, the request is not medically necessary.

Omeprazole 20mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PPI: NSAIDs, GI symptoms & cardiovascular risk

Decision rationale: According to the 10/29/2014 report, this patient presents with low back pain, and "pain all my body at this time."The current request is for Omeprazole 20mg #60 but the treating physician's report containing the request is not included in the file. This medication was first noted in the 05/30/2013 report; it is unknown exactly when the patient initially started taking this medication. The MTUS page 69 states under NSAIDs prophylaxis to discuss, GI symptoms & cardiovascular risk and recommendations are with precautions as indicated below. "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)."MTUs further states "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. Review of reports show that the patient is currently on Ibuprofen and there is no mention of gastrointestinal side effects with medication use. The patient is not over 65 years old; no other risk factors are present. The treating physician does not mention if the patient is struggling with GI complaints and why the medication was prescribed. There is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. Therefore, the request is not medically necessary.

Norco 10/325mg #90: Upheld

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

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

Decision rationale: According to the 10/29/2014 report, this patient presents with low back pain, and pain all my body at this time. The current request is for Norco 10/325mg #90 but the treating physician's report containing the request is not included in the file. This medication was first mentioned in the 05/30/2013 report; it is unknown exactly when the patient initially started taking this medication. 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 4A's (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. In this case, review reports show no documentation of pain assessment; no numerical scale is used describing the patient's function; no outcome measures are provided. No specific ADL's, return to work are discussed. No aberrant drug seeking behavior is discussed, and no discussion regarding side effects. There is no opiate monitoring such as urine toxicology or CURES. The treating physician's report does not shows proper documentation of the four A's as required by the MTUS guidelines. Therefore, the request is not medically necessary.

Tramadol 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; OPIOIDS Page(s): 60-61; 88-89; 76-78.

Decision rationale: According to the 10/29/2014 report, this patient presents with low back pain, and pain all my body at this time. The current request is for Tramadol 50mg #90 but the treating physician's report containing the request is not included in the file. This medication was first mentioned in the 05/30/2013 report; it is unknown exactly when the patient initially started taking this medication. 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 4A's (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. In this case, review reports show no documentation of pain assessment; no numerical scale is used describing the patient's function; no outcome measures are provided. No specific ADL's, return to work are discussed. No aberrant drug seeking behavior is discussed, and no discussion regarding side effects. There is no opiate monitoring such as urine toxicology or CURES. The treating physician's report does not shows proper documentation of the four A's as required by the MTUS guidelines. Therefore, the request is not medically necessary.

Lyrica 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-epilepsy drugs: Pregabalin (Lyrica, no generic avail.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica); Medication for chronic pain Page(s): 19-20; 60.

Decision rationale: According to the 10/29/2014 report, this patient presents with low back pain, and "pain all my body at this time. The current request is for Lyrica 50mg #90 but the treating physician's report containing the request is not included in the file. This medication was first mentioned in this report and it is unknown exactly when the patient initially started taking this medication. The MTUS guidelines has the following regarding Pregabalin (Lyrica), Pregabalin (Lyrica, no generic available) has been documented to be effective in treatment of diabetic neuropathy and post herpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. In June 2007 the FDA announced the approval of Pregabalin as the first approved treatment for fibromyalgia. Review of reports indicates that the patient has neuropathic pain. However, the treating physician does not document whether or not the use of Lyrica has resulted in any pain and functional improvement. MTUS pg. 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Therefore, the request is not medically necessary.

Butrans patch 5mcg #4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; OPIOIDS Page(s): 60-61; 88-89; 76-78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter under Buprenorphine for chronic pain

Decision rationale: According to the 10/29/2014 report, this patient presents with low back pain, and "pain all my body at this time. The current request is for Butrans patch 5mcg #4 but the treating physician's report containing the request is not included in the file. This medication was first mentioned in this report; it is unknown exactly when the patient initially started taking this medication. The MTUS and ACOEM Guidelines are silent with regards to this request. However, ODG does recommend Butrans (Suboxone) as an option for treatment of chronic pain in selected patients. Also, it is suggestive for patients with hyperalgesic component to pain, centrally mediated pain, patients with neuropathic pain, patients at high risk of non-adherence with standard opiate maintenance, for analgesia in patients who have previously been detoxified from other high-dose opioids. Butrans patch contains buprenorphine, an opiate pain medication, use to treat moderate to severe chronic pain. 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 4A's (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. In this case, review reports show no documentation of pain assessment; no numerical scale is used describing the patient's function; no outcome measures are provided. No specific ADL's, return to work are discussed. No aberrant drug seeking behavior is discussed, and no discussion regarding side effects. There is no opiate monitoring such as urine toxicology or CURES. The treating physician's report does not shows proper documentation of the four A's as required by the MTUS guidelines. Therefore, the request is not medically necessary.