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| Case Number: | CM14-0191885 | | |
| Date Assigned: | 11/25/2014 | Date of Injury: | 08/19/2004 |
| Decision Date: | 01/12/2015 | UR Denial Date: | 10/29/2014 |
| 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 Internal 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:

The patient is an injured worker with low back complaints. Date of injury was 08-19-2004. The progress report dated September 30, 2014 documented subjective complaints of lower back pain. The patient had an industrial injury resulting from an incident sustained on 08/19/2004 with complaints of bilateral lower back lumbar spine pain. The patient characterizes his pain as aching, cramping, exhausting, gnawing, heavy, sharp, shooting, tender and throbbing. The pain status was rated on a verbal analog scale from zero to ten. His current pain is 8/10 for the bilateral lower back. His worse pain over the past week has been 9/10 for the bilateral lower back. His pain when taking medications has been 7/10 for the bilateral lower back. The patient states that his low back and leg pain represent about 70% and 30%, respectively. The patient reports difficulties with activities of daily living, difficulty walking and running, loss of range of motion and stiffness low-back. The patient exacerbating factors include bending, flexing, physical activity, sitting, squatting, standing and walking. Patient states alleviating factors include changing position often and medications. Regarding medications, the patient has been prescribed medications. For anti-inflammatory effects and mild to moderate pain relief, the patient has been prescribed Anaprox (Naproxen). The patient reports that he has been taking the medication regularly as prescribed. The patient reports some pain, relief. For strong analgesic effects, the patient has been prescribed Norco 10/325 mg taken every 8 hours as needed. The patient reports that he has been taking the medication regularly as prescribed. The patient reports significant pain relief. Opana ER (Oxymorphone) with 40 mg taken three times daily as needed was prescribed. The patient reports that he has been taking the medication regularly as prescribed. The patient reports significant pain, relief with functional improvements of basic activities of daily living such as doing light housework, dressing and undressing, personal hygiene and grooming, standing time and washing and drying. To treat neuropathic pain, he is

prescribed Neurontin (Gabapentin) 800 mg taken three times daily routinely. The patient reports that he has been taking the medication regularly as prescribed. The patient reports moderate pain relief. To treat neuropathic pain, he is prescribed Elavil (amitriptyline). The patient reports that he has been taking the medication regularly as prescribed. The patient reports some pain relief. In addition, he also reports less insomnia. No known allergies were noted. Lumbar tendon sheath injection surgery was performed on Mar 12, 2014. Physical examination was documented. He appears to be well groomed. The patient appears to be well nourished and well developed. The patient appears to be in moderate pain. He has good communication ability. Ear canals are patent without drainage. Oropharynx is moist and clear of lesions. Tongue and uvula are midline. Breathing was non-labored without audible wheezes. No appreciable lymphatic congestion noted. Gross inspection of skin demonstrates no evidence of abnormality. Hair and nails are also normal. Skin is warm and dry. The patient's has awkward gait and slowed. Abnormal posture with left side-bending and guarding of the low back was noted. Lumbar spine inspection reveals midline surgical scars. Lumbar range of motion demonstrated flexion limited by 40%, extension limited by 50%, right rotation limited by 40%, left rotation limited by 30%. There is mild tight band mild spasm, mild hypertonicity and moderate tenderness along the bilateral lumbar. Facet distraction loading maneuvers are positive moderately at bilateral L5-S1 for axial torn bar pain. Regarding SI sacroiliac joints, there is mild tenderness noted on the bilaterally. His SI sacroiliac joint tenderness has remained the same since the last visit. Patrick's FABERE test is positive mildly on the bilateral side. Yeoman's test is positive mildly on the bilateral side. Gaenslen's test is positive mildly on the bilateral side. Regarding the motor examination, there is trace weakness on hip extension, knee flexion and ankle dorsiflexion of the right side hip extension, knee flexion and ankle dorsiflexion of the left side. There is trace diminished reflex 2-/4 at the bilateral patella and at the bilateral medial hamstring. Diagnoses were facet arthropathy lumbar, sacroiliitis, spinal stenosis, spondylosis, lumbosacral disc degeneration, lumbago low back pain, abnormality of gait, awkward gait, abnormal posture with guarding of the lower back, and hypotestosterone. The medications are helping significantly to control his pain and help improve his activities, of daily living. For strong breakthrough analgesic effects, the patient has been prescribed Norco Hydrocodone-Acetaminophen 10/325 mg taken every 8 hours as needed. The patient reports that he has been taking the medication regularly as prescribed. The patient reports significant pain relief. For strong sustained analgesic effects, the patient has been prescribed Opana ER Oxymorphone 40 mg taken three times daily as needed. The patient reports that he has been taking the medication regularly as prescribed. The patient reports significant pain relief. To treat neuropathic pain, he was prescribed Neurontin (Gabapentin) 800 mg taken three times daily routinely. Regarding opioid agreement and compliance, pain medication, management rules and regulations surrounding prescription of opioids and compliance at length.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 800 mg QTY#90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antiepilepsy drugs Page(s): 16.

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that Gabapentin (Neurontin) is considered as a first-line treatment for neuropathic pain. Gabapentin should not be abruptly discontinued. Medical records documented neuropathic pain. The patient reported pain relief with Gabapentin (Neurontin). Per MTUS, Gabapentin is considered as a first-line treatment for neuropathic pain, and should not be abruptly discontinued. The medical records and MTUS guidelines support the continuation of Gabapentin. Therefore, the request for Gabapentin 800 mg QTY#90 is medically necessary.

Opana Extended release 40 mg #70: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of breakthrough medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Medical records document objective evidence of pathology and subjective complaints of pain. Analgesia was documented with opioid medications. Activities of daily living were improved with opioid medications. The patient has regular clinic visits for reassessment. Medical records document stable use of opioid medications. Regarding opioid agreement and compliance, pain medication, management rules and regulations surrounding prescription of opioids and compliance at length. The medical records and MTUS guidelines support the maintenance of the Opana ER prescription. Therefore, the request for Opana Extended release 40 mg #70 is medically necessary.

Hydrocodone/acetaminophen 10/325 mg #45: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of break-

through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Medical records document objective evidence of pathology and subjective complaints of pain. Analgesia was documented with opioid medications. Activities of daily living were improved with opioid medications. The patient has regular clinic visits for reassessment. Medical records document stable use of opioid medications. Regarding opioid agreement and compliance, pain medication, management rules and regulations surrounding prescription of opioids and compliance at length. The medical records and MTUS guidelines support the maintenance of the Norco Hydrocodone/Acetaminophen 10/325 mg prescription. Therefore, the request for Hydrocodone/acetaminophen 10/325 mg #45 is medically necessary.