

Case Number:	CM14-0199923		
Date Assigned:	12/10/2014	Date of Injury:	05/23/2002
Decision Date:	02/27/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 52 year old female who suffered an industrial related injury on 5/23/02. A physician's report dated 6/17/14 noted the injured worker had complaints of low back pain that radiated to bilateral lower extremities. The injured worker underwent a lumbar fusion on 11/27/12. The post-operative course was complicated by postdural puncture headaches. Improvement in pain and radicular symptoms improved post-operatively and she participated in physical therapy sessions. The injured worker has not been able to use her spinal cord stimulator, implanted on 8/2/05, for the past year due to it not functioning. The injured worker also had a diagnosis of fibromyalgia. The treating physician noted the injured worker was able to participate in a self-directed therapy due to the oral medication regimen. A physician's report dated 9/29/14 noted the injured worker had persistent low back pain and radicular symptoms to bilateral lower extremities. The injured worker was prescribed Norco and Lidoderm. On 10/30/14 the injured worker underwent replacement of her spinal cord stimulator and lead revision for diagnoses of lumbar myoligamentous injury, lumbar postlaminectomy syndrome, and lumbar radiculopathy. On 11/6/14 the utilization review (UR) physician denied the requests for 30 tablets of MS Contin 15mg and modified the request for 90 capsules of Neurontin 100mg. In regards to MS Contin the UR physician noted the medication was requested for post-operative pain however the documentation did not provide a rationale for a 30 day supply if it is only to be used for immediate post-operative pain. Regarding Neurontin the UR physician noted the efficacy of the medication was not provided in terms of pain levels with and without the medication, functional

improvement, and lack of side effects; therefore the continued use of Neurontin is not supported by the Medical Treatment Utilization Schedule guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Capsules of Neurontin 100 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic drugs Page(s): 17.

Decision rationale: MTUS Guidelines have very similar specific recommendations for AED drugs (Neurontin) as they do for Opioids. To justify continued use there needs to be documentation of benefits in pain and function. No improvements in either of these arenas are documented from the current dose and use of Neurontin. Under these circumstances, the Neurontin is not Guideline supported and the Neurontin 100mg #90 is not medically necessary.

30 tablets of MS Contin 15 mg: 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): 77-78. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://app.purduepharma.com/xmlpublishing/pi.aspx?id=ms>.

Decision rationale: The records document long-term intermittent use of opioids without the development of aberrant behaviors and/or lack of self-regulation. The opioids were documented to be taken on an as needed basis and to provide meaningful pain relief. The stated reason for the temporary change in Opioids is for postoperative pain and the amount recommended is fairly low dose and would generally last between 15-30 days. There are no Guideline grounds for denial at this point in time, as the recommended use is short term and not on a chronic basis. MTUS Guidelines allow for an adjustment in opioid use when there is a change in circumstances. The 30 tablets of MS Contin 15 mg is medically necessary.