

Case Number:	CM14-0204116		
Date Assigned:	12/16/2014	Date of Injury:	06/04/1998
Decision Date:	02/25/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/05/2014

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 sixty-two year old male who sustained a work-related injury on June 4, 1998. A request for Nucynta ER 100 mg #60 and Neurontin 600 mg #90 was non-certified in Utilization Review (UR) on November 10, 2014. The UR physician utilized the California (CA) MTUS Chronic Pain Medical Treatment Guidelines in the determination. With regard to the request for Nucynta ER, the UR physician determined that the documentation submitted for review did not provide evidence of objective functional improvement related to previous use of the medication. In addition, there was no documentation of a risk assessment profile, attempts at weaning/tapering the medication, updated urine drug screen and an updated and signed pain contract between the provider and the injured worker as is required by the CA MTUS guidelines. With regard to the request for Neurontin, the UR physician determined that there was no evidence of objective functional benefit from prior use of Neurontin in the medical documentation submitted for review. A request for independent medical review (IMR) was initiated on December 5, 2014. The medical documentation submitted for IMR included physician's reports from June 23, 2014 through November 10, 2014. The documentation revealed that the injured worker had an L4-S1 decompression and instrumented fusion in 2002 followed by removal of the hardware. An MRI of the lumbar spine on March 1, 2010 revealed post-operative changes with probable scar tissue in the right lateral recess with recess narrowing; L4-5 mild narrow of the right neural foramen greater than left and disc osteophyte material contracting the lateral aspect of the right exiting L4 nerve; and spondylolisthesis of the L3 on L4

with degenerative changes and scar tissue. On June 23, 2014 the injured worker was evaluated for complaints of back pain and leg pain. The evaluating physician noted that the Nucynta ER was somewhat helpful. An evaluation on August 18, 2014 revealed the injured worker continued to have chronic lumbar and leg pain with no changes. The provider noted that the injured worker was scheduled for a spinal cord stimulator (SCS) implant. On September 4, 2014, the injured worker underwent implantation of a SCS. A physician's report dated September 15, 2014 revealed no changes in pain from the previous evaluation. He continued with low back pain and bilateral leg pain; The SCS had not been programmed. The injured worker's only medications were Norco and Neurontin. There was no documentation of any functional gain related to these medications. A physician's evaluation of October 13, 2014 indicated no changes in the injured worker's low back pain and bilateral leg pain. The SCS implant was not functioning properly and the injured worker had poor sleep. The provider noted that the injured worker had discontinued his medications without being weaned from them and was not doing well.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 100 mg #60: Upheld

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

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

Decision rationale: MTUS states regarding the use of opioids that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the request for Nucynta ER 100 mg #60 is not medically indicated.

Neurontin 600 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Anti-epilepsy drugs (AEDs) for pain, Gabapentin (Neurontin®).

Decision rationale: The MTUS considers Gabapentin as a first-line treatment for neuropathic pain and effective for the treatment of spinal cord injury, lumbar spinal stenosis, and post op pain. MTUS also recommends a trial of Gabapentin for complex regional pain syndrome. ODG states "Recommended Trial Period: One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggests that if inadequate control of pain is found, a switch to another first-line drug is recommended." Additionally, ODG states that Gabapentin "has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain". The treating physician did not provide documentation of measurable subjective improvement and functional improvement from Neurontin. As such, without any evidence of neuropathic type pain, i Neurontin 600 mg #90 is not medically necessary.