

Case Number:	CM14-0204901		
Date Assigned:	12/17/2014	Date of Injury:	07/02/2000
Decision Date:	02/11/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/08/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 2, 2000. In a Utilization Review Report dated November 30, 2014, the claims administrator failed to approve a request for gabapentin, Opana, tramadol, and Colace. The claims administrator reference an RFA form received on November 10, 2014 and a progress note dated October 31, 2014 in its determination. The claims administrator noted that the applicant had had right total hip arthroplasty on July 5, 2014 and left shoulder surgery in 1986. The claims administrator stated that the applicant was 77 years old, in its determination. In said October 31, 2014 progress note, the applicant reported persistent complaints of hip pain three months removed from the total hip arthroplasty. The applicant's pain was "almost all gone." The applicant was able to walk without a walker. The applicant has apparently been injured in a motor vehicle accident. The applicant's medication list included Tylenol, Norvasc, Lipitor, calcium, Colace, vitamins, Neurontin, Nexium, Zestril, Premarin, and tramadol. The applicant exhibited an antalgic gait but was neurologically intact, it was stated in one section of the note. In another section of the note, it was stated that the applicant had weakness about the legs. Tramadol and Opana were endorsed. The applicant's work status was not furnished.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #710: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Postop Pain, Gabapentin Page(s): 7,.

Decision rationale: As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, an attending provider should base his choice of pharmacotherapy on the type of pain to be treated, pain mechanism involved, etc., and should, furthermore, tailor medications and dosages to the specific applicant taking into consideration applicant specific variables such as comorbidities, other medications, etc., and should try to adjust the dosing to the individual applicant. While page 49 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that gabapentin is considered a first-line treatment for neuropathic pain, in this case, however, the attending provider seemingly suggested on October 31, 2014 that the applicant's pain complaints had essentially resolved following earlier hip replacement surgery. The applicant's pain was described as almost entirely gone. While page 18 of the MTUS Chronic Pain Medical Treatment Guidelines does espouse a role for anticonvulsant medications in the treatment of postoperative pain, in this case, the applicant was some three months removed from the date of hip replacement surgery as of the date gabapentin was renewed. It did not appear, in short, that the applicant had sufficient residual pain complaints so as to justify continued usage of gabapentin on or around the date in question. Therefore, the request was not medically necessary.

Opana ER 30mg #60 x 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-acting Opioids Page(s): 75.

Decision rationale: While page 75 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that long-acting opioids such as Opana extended release are indicated in applicants who require around-the-clock analgesia, in this case, however, the applicant's pain complaints were described as "almost all gone" as of an October 31, 2014 progress note, referenced above. The applicant was no longer using a cane to move about. The applicant had had a seemingly successful outcome following a total hip replacement surgery. It did not appear, in short, that the applicant had severe pain complaints needed to justify continuation of long-acting opioid therapy. Therefore, the request was not medically necessary.

Tramadol 50mg #540: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids, Opioids, Ongoing Management Page(s): 79, 78.

Decision rationale: As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be prescribed to improve pain and function. By implication, opioids should be prescribed for the shortest amount of time possible. Page 79 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that "resolution of pain" represents an indication for discontinuing opioid therapy. Here, the applicant's pain was described as "almost all gone" on the October 31, 2014 office visit on which tramadol was renewed. It did not appear, in short, continuing opioid therapy with either tramadol or Opana was indicated on and around the date in question. Therefore, the request was not medically necessary.

Colace 250mg #90: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy Page(s): 77.

Decision rationale: As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic initiation of treatment for constipation is recommended in applicants using opioid. Here, the applicant was/is using multiple opioid agents. Prophylactic initiation of treatment for potential issues with opioid-induced constipation was indicated with Colace, a laxative agent/stool softener. Therefore, the request was medically necessary.