

Case Number:	CM14-0205287		
Date Assigned:	12/17/2014	Date of Injury:	01/15/2002
Decision Date:	02/04/2015	UR Denial Date:	11/12/2014
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 Physical Medicine Rehab, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Maine. 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 claimant has a remote history of a work injury occurring on 01/15/02 when he fell from a tree and sustained a right ankle fracture and low back injury. He underwent right ankle surgery with improvement but continues to have low back pain. Treatments included medications and multiple epidural injections with varying degrees of improvement. An MRI of the lumbar spine in October 2010 included findings of bilateral L5-S1 spondylolysis with Grade I spondylolisthesis and multilevel degenerative disc disease with moderate to severe stenosis. He stopped working in January 2013 and has been determined to be at maximum medical improvement. He was seen on 07/24/14. His history of injury and subsequent treatments were reviewed. Physical examination findings included an antalgic gait with use of a cane. He required assistance with dressing and frequently changed positions. He had diffuse tenderness throughout the spine with decreased range of motion. There was back pain with straight leg raising bilaterally. He had decreased strength and decreased lower extremity sensation. There was decreased ankle range of motion and he was unable to perform single limb stance. The assessment references the presence of pain behaviors and not considering range of motion testing as valid. He was seen by the requesting provider on 09/26/14. Medications are referenced as helping. Urine drug screening testing had been consistent with his medications. His activity was limited by pain and he had an antalgic gait. He reported up to 10 minute sitting and standing tolerances and a walking tolerance of up to 20 minutes. Pain was rated at 10/10 and referenced as always at a level of 10. Physical examination findings included an antalgic gait and depressed affect. Morphine ER 15 mg #90 and gabapentin 400 mg #90 were refilled. On 11/24/14 he had been unable to obtain his medication. He had pain rated at 10/10 with the assessment referencing intervals of pain sometimes higher than 10/10. He was uncomfortable appearing. Morphine ER

and gabapentin were refilled and authorization for an orthopedic surgery evaluation was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation by an orthopedic surgeon: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289, 296.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant is more than 14 years status post work-related injury and continues to be treated for chronic low back pain. An MRI of the lumbar spine in October 2010 included findings of bilateral L5-S1 spondylolysis with Grade I spondylolisthesis and multilevel degenerative disc disease with moderate to severe stenosis. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has ongoing symptoms and findings of lumbar spinal stenosis. Therefore the requested evaluation is medically necessary.

Morphine ER 15mg # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant is more than 14 years status post work-related injury and continues to be treated for chronic low back pain. Medications include Morphine ER with a total MED (morphine equivalent dose) of 45 mg per day. Morphine ER is a sustained release formulation and would be used to treat baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction, there is poor pain control and the claimant is not currently working. The claimant meets criteria for discontinuing opioid medication and therefore continued prescribing of Morphine ER was not medically necessary.

Gabapentin 400mg # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Antiepilepsy drugs (AEDs) Page(s): 16-18.

Decision rationale: The claimant is more than 14 years status post work-related injury and continues to be treated for chronic low back pain. Medications include gabapentin at a daily dose of 1200 mg. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of up to 1800 mg per day with an adequate trial consisting of three to eight weeks. In this case, the claimant's gabapentin dosing is not consistent with recommended guidelines and his pain is not being controlled. Therefore, as prescribed, it is not medically necessary.