

Case Number:	CM14-0205886		
Date Assigned:	12/17/2014	Date of Injury:	08/05/2013
Decision Date:	02/11/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/09/2014

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 and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 30-year-old female with an original date of injury on August 5, 2013. The patient's diagnoses are thoracic lumbosacral neuritis, sciatica, lumbar sprain and strain, lumbargo, and reflex sympathetic dystrophy. The mechanism of injury was not provided. The patient has tried and failed Nroco and Tramadol, previously has had significant improvement of pain control and function with Percocet. The patient has had a L2 left lumbar sympathetic block on October 1, 2014. The disputed issues are the request for gabapentin 600 mg quantity 90 tabs, ibuprofen 800 mg quantity 60 tabs, Percocet 7.5-325 mg quantity 120 tabs. A utilization review on December 5, 2014 has approve the request of gabapentin, ibuprofen, and denied the request for Percocet. With regards to gabapentin, the utilization review stated that the patient has documented lower extremity pain secondary to sciatica, consistent with neuropathic etiology. This medication is reported to be beneficial in reducing pain and improving function and is recommended for continuation. With regards to ibuprofen, but current evidence based guidelines recommend anti-inflammatory as a judicial first-line treatment. The medication is reported to be beneficial in reducing pain and improving function, and therefore is recommended for continuation. The rationale for denial of Percocet was just medication is a short acting opioid use for intermittent rectal pain. There is no documentation of opioid contract or urine drug screen to confirm compliance as recommended by the guidelines. There was no mention of improvement of pain or improvement of function with specific etiologies. There was also no clear details provided why opioid weaning is not in the treatment plan, the claimant pain coping skills have never been addressed as a long-term use of opioids for chronic pain is not supported by the guideline criteria. Therefore the utilization review recommend weaning of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

(3) Gabapentin 600 mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21 of 127.

Decision rationale: Regarding request for gabapentin (Neurontin), Chronic Pain Medical Treatment Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is documentation of specific analgesic benefit and specific objective functional improvement. Therefore, the currently requested gabapentin (Neurontin) is medically necessary.

Ibuprofen 800 mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72 of 127.

Decision rationale: Regarding the request for Motrin (ibuprofen), Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is indication that Motrin is providing specific analgesic benefits with reduction of pain, and with objective functional improvement. Therefore, the currently requested Motrin is medically necessary.

Percocet 7.5-325 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-80.

Decision rationale: Regarding the request for Percocet (Oxycodone/Acetaminophen), Chronic Pain Medical Treatment Guidelines state that Percocet is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect,

objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. A progress note on November 19, 2014 indicated patient has pain 6/10 in the left hip, left knee, left calf, and left foot. She reports medication is helping with her pain. However, compared to a progress note on October 23, 2014, there has been no improvement of her pain level or function status. Within the provided documentation there are no indication of monitoring side effects, evaluation of aberrant behaviors with urine drug screen, and no documentation of improvement. Therefore, continuing Percocet is not medically indicated. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Percocet (oxycodone/acetaminophen) is not medically necessary.