

Case Number:	CM14-0207453		
Date Assigned:	12/19/2014	Date of Injury:	06/20/2012
Decision Date:	02/13/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/11/2014

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 Interventional spine 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 patient is a 25 year-old male with a 6/20/12 date of injury. 6 medical reports were provided for review from 6/6/14 through 10/10/14, including the 6/6/14 orthopedic QME. According to the 10/10/14 pain management report, the patient presents with chronic low back pain due to spondylosis of the lumbar spine. There is a handwritten note stating he needs a right knee orthopedic evaluation. The report states the patient gets partial pain relief with medications and that his "current analgesic medicines help him maximize his level of physical function and improve his quality of life" His diagnoses on 10/10/14 is listed as chronic low back pain degenerative lumbar spondylosis; chronic low back pain myofascial pain syndrome; pain disorder with psychological/general medical condition; insomnia due to chronic pain; chronic neck pain degenerative cervical spondylosis. The 8/20/14 and 9/10/14 pain management reports show identical pain/function scales. The patient has 7/10 pain currently and on average, function is 6, sleep is 7, support is 8. There is no change in pain or function between 8/20/14 and 9/10/14 There was no comparison of pain with medications, and the rest of the available reports did not discuss medication efficacy. On 12/1/14 utilization review denied the use of gabapentin, ibuprofen and Norco, but there was no rationale provided. The letter states a lack of information letter was sent on 11/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg tab #100: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs for Neurontin Page(s): 18-19.

Decision rationale: This request is for use of Gabapentin. None of the available medical reports discuss use of gabapentin. MTUS Chronic Pain Medical Treatment Guidelines, pages 18-19 under Specific Anti-Epilepsy Drugs for Neurontin states: "Gabapentin (Neurontin, Gabarone generic available) 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." MTUS Chronic Pain Medical Treatment Guidelines pages 16 -18 for anti-epilepsy drugs Outcome states: A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. The available reports do not discuss use of gabapentin, nor do they discuss any neuropathic pain that may respond to gabapentin. There is no discussion of 30% reduction in pain with use of gabapentin. The available information does not provide any indications for gabapentin. The request for Gabapentin 300mg tab #100 is not medically necessary.

Ibuprofen 600mg tab #100: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The medical reports show the patient has been using Ibuprofen from 6/13/14 through 10/10/14. MTUS Chronic Pain Medical Treatment Guidelines, page 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000) A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. The patient is reported to have chronic low back pain. The request for Ibuprofen 600mg tab #100 is medically necessary.

Norco 10/325mg tab #100: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids, Page(s): 76-80, 88-89.

Decision rationale: The medical reports show the patient has been using Norco from 6/13/14 through 10/10/14. It is not known if the patient has used Norco for over 6-months, so the MTUS sections on therapeutic trial of opioids and the section on long-term users of opioids (6-months or longer) will be used for this review. MTUS page 76-80 criteria for use of opioids for on-going management requires ongoing review and documentation of pain relief, functional status appropriate medication use and side effects. "The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs" MTUS Chronic Pain Medical Treatment Guidelines, page 88-89 for "Opioids, long-term assessment criteria for use of opioids Long-term Users of Opioids (6-months or more)" provides the criteria "Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." The available reports do not meet the MTUS criteria for use of opioids. There is no assessment of pain relief with the use of Norco, on a numeric scale or validated instrument. There is no description of what physical functions have improved, or what activities of daily living have improved with use of the Norco. Based on the available information, the request for Norco 10/325mg tab #100 is not medically necessary.