

Case Number:	CM14-0208411		
Date Assigned:	01/07/2015	Date of Injury:	08/30/2011
Decision Date:	03/10/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/12/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, the injured worker is a 49 year-old male with a date of injury of 08/30/2011. The results of the injury include pain in the lower back, left hip, left ankle, and left foot. Diagnoses have included lumbar radiculopathy, lumbar facet syndrome, left hip bursitis, and left calcific Achilles tendinosis/anterior talofibular ligament (ATFL) ankle sprain. Diagnostic studies have not been included in the submitted documentation. Treatments have included medications and epidural steroid injections. Medications have included Norco, Neurontin, Advil, Aleve, Ibuprofen, Tylenol, Pennsaid, and Duragesic patches. A progress note from the treating physician, dated 11/12/2014, documents an office visit with the injured worker. The injured worker reported low back pain and left ankle pain; pain is unchanged since last visit; pain is rated at 8/10 on the visual analog scale with medications; pain is rated at 10/10 without medications; sleep quality is poor; the Duragesic patch caused rash; dry mouth has not improved, and sometimes the mouth bleeds because it is so dry. The injured worker reported seeing a specialist for surgical evaluation of the left ankle and was not considered a surgical candidate at this time; however, injured worker is asking for a second opinion. Objective findings included left-sided antalgic gait; range of motion of lumbar spine is restricted with flexion limited at 45 degrees, extension at 20 degrees, lateral rotation to the right and left at 10 degrees; paravertebral muscles spasm and tenderness is noted on the left side; positive lumbar facet loading on the left side; straight leg raising test is positive on the left side; tenderness at facet joints L3-L5; left hip range of motion is limited and tenderness is noted over the trochanter; and light touch sensation is decreased over the L5 and S1 lower extremity

dermatomes on the left side. Work status is listed as permanent and stationary. Treatment plan was documented to include request for left L4-L5 transforaminal epidural steroid injection; discontinuing Duragesic patch; prescriptions for Neurontin and Oxycodone; trial Biotine mouthwash for dry mouth caused by medications; request second opinion consultation for left ankle; and follow-up evaluation in four weeks. Request is being made for a prescription for Oxycodone 15 mg #90 and a prescription for Neurontin 300 mg #90. On 12/05/2014, Utilization Review modified a prescription for Oxycodone 15 mg #90 to Oxycodone 15 mg #60. Utilization Review modified a prescription for Oxycodone 15 mg #90 to Oxycodone 15 mg #60 based on documentation of continued pain complaints and due to the risks of development of withdrawal symptoms from abrupt discontinuation. Utilization Review therefore modified the prescription request. The Utilization Review cited the CA MTUS Chronic Pain Medical Treatment Guidelines: Opioids. Utilization Review non-certified a prescription for Neurontin 300 mg #90. Utilization Review non-certified a prescription for Neurontin 300 mg #90 based on the lack of documentation in terms of evidence of objective functional improvement to support subjective findings. Although the current medication is subjectively reported to decrease pain levels, there is no documentation of objective functional improvement or progressive return to work. The Utilization Review cited the CA MTUS Chronic Pain Medical Treatment Guidelines: Anti-epilepsy drugs; Specific anti-epilepsy drugs: Gabapentin (Neurontin). Application for independent medical review was made on 12/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg quantity 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

Decision rationale: The patient presents with lower back ache and left ankle pain. The request is for OXYCODONE 15 MG, QUANTITY #90. The patient has been taking this medication as early as 08/06/2014. MTUS Guidelines pages 88 through 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or a validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, adverse behavior) as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, duration of pain relief. The 08/06/2014 report says that "oxycodone was somewhat helpful, although he continues to have a lot of pain." The 10/01/2014 report states, "His activity level has decreased." The 11/12/2014 report indicates that the patient rates his pain as an 8/10. Although the treater provides pain scales, not all of the 4As are addressed as required by MTUS Guidelines. The treater does not provide any examples of ADLs, which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/side effects. There are no opiate management issues to discuss such as CURES report, pain contract, etc. No outcome measures are provided either as required by MTUS Guidelines.

In addition, urine drug screen to monitor for medicine compliance are not addressed. The treating physician does not provide the proper documentation that is required by MTUS Guidelines for continued opiate use. The requested oxycodone IS NOT medically necessary.

Neurontin 300mg quantity 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Medications for chronic pain Page(s): 16-19,60.

Decision rationale: The patient presents with lower backache and left ankle pain. The request is for NEURONTIN 300 MG, QUANTITY #90. The utilization review denial rationale is that "although the current medication is subjectively reported to decrease the pain levels, there is no supporting evidence of objective functional improvement or progressive return to work. There is no report of the inability to maintain work with the reduction in medication use." The patient has been taking this medication as early as 08/06/2014. MTUS Guidelines page 18 and 19 revealed the following regarding gabapentin, "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post therapeutic neuralgia and has been considered a first-line treatment for neuropathic pain." MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The 09/03/2014 report states "he states increase in Neurontin has been helpful for his pain, and he notes that higher dosage at bedtime has improved his sleep." MTUS page 60 requires recording of pain assessment and functional changes when medications are used for chronic pain. It appears that Neurontin has been beneficial to the patient's pain and function. Given the discussion regarding efficacy, the requested Neurontin IS medically necessary.