

Case Number:	CM14-0082532		
Date Assigned:	07/21/2014	Date of Injury:	03/02/2010
Decision Date:	01/15/2015	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/04/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 34-year-old woman who sustained a work-related injury on March 2, 2010. Subsequently, the patient developed chronic low back pain. On February 24, 2014, the patient underwent lumbar fusion at the level of L5-S1. Unfortunately, the patient had intraoperative complications, which included a dural tear requiring additional surgical procedures. On a progress report dated June 17, 2014, it was documented that the patient continued to improve postoperatively. The patient felt she was beginning to plateau with treatment. She had completed 10 sessions of physical therapy and noted she was improving with pain and range of motion. She continued to have back pain with numbness in the left leg. The patient felt she was plateauing in therapy. The patient was provided with an external bone growth stimulator and recommended to continue using it. According to a progress report dated July 7, 2014, the patient reported that after the surgery, her radicular pain improved; however, it was starting to increase. She complained of low back pain with radiation down both legs with associated paresthesias, left worse than right. She rated her pain at 4-5/10. The patient reported tapering down on Percocet, taking 2-3 tablets per day as needed. The patient has constipation improved with Amitiza and heartburn associated with chronic medication use that is controlled with Prilosec. The patient's most recent urine drug screen (UDS) dated September 16, 2013 was consistent with prescribed analgesics without any evidence of illicit drug use. Objective findings included: moderate tenderness to palpation over lumbosacral spine and paraspinal muscles, left greater than right. Tenderness over bilateral S1 joints, left greater than right. Diminished sensation to light touch throughout left lower extremity compared to the right. Patellar and Achilles reflex 1+/4 bilaterally. Lower extremity strength intact bilaterally. Negative seated straight leg raise bilaterally. The patient was diagnosed with chronic low back pain, lumbar internal disc disruption at L5-S1, lumbar radiculopathy, spinal bifida occulta, depression associated with

chronic pain, and status post lumbar fusion. The provider requested authorization for Percocet and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet: 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): 76-79.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status,appropriate medication use, and side effects. Pain assessment should include: currentpain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. 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. 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 non-adherent) 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. The patient have been using opioids for long period of time without recent documentation of full control of pain and without any documentation of functional or quality of life improvement. There is no clear documentation of patient improvement in level of function and quality of life. Therefore the prescription of Percocet is not medically necessary.

Neurontin 300 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Convulsant, and Anti-Epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 19.

Decision rationale: According to MTUS, Neurontin has been shown to be effective for the treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered to be first line treatment for neuropathic pain. However there is a limited research to support its use

of back or neck pain. There is no documentation of the efficacy of previous use of Neurontin. Based on the above, the prescription of Neurontin 300mg is not medically necessary.