

Case Number:	CM15-0003578		
Date Assigned:	01/14/2015	Date of Injury:	11/16/1978
Decision Date:	03/17/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/07/2015

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: Internal Medicine

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 72 year old male, who sustained an industrial injury on November 16, 1978. He has reported chronic left shoulder, neck and low back pain. The diagnoses have included right hip/buttock pain over the AKA stump, chronic low back pain, degenerative T12-S1 disc, L3-4 and L4-5 spinal stenosis; s/p right AKA 2000, left shoulder pain, diffuse body pain, sacroiliac pain, left shoulder degenerative joint disease, chronic pain syndrome and left shoulder degenerative joint disease. Treatment to date has included pain medications, steroid injections and bone spur removal. Currently, the injured worker complains of low back pain and shoulder pain. He reported that the lumbar epidural steroid injection offered great relief to his low back pain, 80% up to the time of evaluation. He reported that he has no right hip pain. The evaluating physician noted that the injured worker requested a steroid injection for his left shoulder. On examination, the injured worker had severe pain in the bilateral shoulders. He had mild to moderate spasm along the border of the T2-8 vertebrae and this was tender to palpation. All lumbar motion elicited pain and his lumbar flexion was limited by pain. The left shoulder had marked tenderness to palpation and the range of motion was limited in all directions. The evaluating physician recommended conservative treatment measures to include heat, ice, rest and gentle stretching. The injured worker was directed to use Gabapentin and Dilaudid for pain relief. On December 23, 2014 Utilization Review non-certified a request for hydromorphone HCL and Gabapentin, 300 mg, noting that the submitted documentation did not include the four 'As', presence or lack of side-effects, abuse, diversion, specific functional improvement/level associated with chronic opioid use. In addition, there was not documentation of a pain contract,

prior urine testing or failure with treatment solely using non-opioid medications. . The California Medical Treatment Utilization Schedule was cited. On January 7, 2015, the injured worker submitted an application for IMR for review of hydromorphone HCL and Gabapentin, 300 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydromorphone HCL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short-acting opioids.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48,Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94, 113, 123.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. 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 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. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. The 12/9/14 progress report documented a history of above the knee amputation, T12-S1 degenerative disc disease, sacroiliac pain, and left shoulder degenerative joint disease. The patient was prescribed Dilaudid 2 mg one to two tablets orally as needed #40. Frequency was not documented. The request for authorization dated 12/9/14 requested Dilaudid 2 mg one to two tablets orally as needed #40. Frequency was not documented. Without documentation of frequency, the request for Dilaudid (Hydromorphone) cannot be endorsed. Therefore, the request for Hydromorphone is not medically necessary.

Gabapentin, 300mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 18-19.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that Gabapentin (Neurontin) is considered as a first-line treatment for neuropathic pain. Gabapentin should not be abruptly discontinued. Medical records documented neuropathic pain. The 12/09/14 progress report documented burning, tingling, and sharp phantom pain associated with the right leg amputation. The 12/09/14 progress report documented burning, tingling, and sharp pain in the left lower extremity and left upper extremity. Medical history included above the knee amputation, T12-S1 degenerative disc disease, sacroiliac pain, and left shoulder degenerative joint disease. The patient was prescribed Gabapentin 300 mg three times a day. Per MTUS, Gabapentin is considered as a first-line treatment for neuropathic pain. The medical records and MTUS guidelines support the medical necessity of the continuation of Gabapentin. Therefore, the request for Gabapentin is medically necessary.