

Case Number:	CM15-0003977		
Date Assigned:	01/14/2015	Date of Injury:	03/03/1997
Decision Date:	03/12/2015	UR Denial Date:	12/29/2014
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: Pennsylvania

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 60 year old female who sustained an industrial related injury on 3/3/97. The injured worker had complaints of lower back pain that radiated to the bilateral legs and feet. Diagnoses included thoracic/lumbosacral neuritis/radiculitis, lumbar post-laminectomy syndrome, chronic pain syndrome, and lumbago. Prior treatments included L5-S1 fusion, spinal cord stimulator trials, intrathecal pump, medication, acupuncture, physical therapy, chiropractic treatment, and home exercise program. Progress notes from June to December 2014 were submitted. Two urine drug screen reports, dated July and August 2014, were present in the records submitted. At a functional restoration program evaluation on 9/18/14, it was noted that the injured worker had developed opioid dependency with psychological dependency and a detoxification program was recommended. At a visit on 12/14/15, the injured worker complained of lower back pain rated 8 out of 10 in severity with radiation to the legs and feet and noted that medications were helping and tolerated well, with pain symptoms adequately managed on the current regimen. Examination showed limited lumbar range of motion with spinous process tenderness and positive straight leg raising test bilaterally, motor testing limited by pain, and normal sensory examination. A toxicology screen was ordered. The physician noted that the injured worker had prescription for Desoxyn for increasing her energy level. Work status was temporarily totally disabled. The injured worker was prescribed Desoxyn, Norco, Gabapentin, and Oxycontin. The injured worker was temporarily totally disabled. The treating physician requested authorization for Gabapentin 300mg #180, Dexoxyn 5mg #180, Norco 10/325mg #150, and Oxycontin 40mg #270. On 12/29/14 Utilization Review non-certified these requests.

Regarding Gabapentin the utilization review (UR) physician cited the Medical Treatment Utilization Schedule (MTUS) guidelines and noted the documentation provided did not include any evidence of objective functional improvement. Regarding Desoxyn, the UR physician cited the MTUS guidelines and noted there was no indication why the injured worker was taking this medication. Regarding Norco, the UR physician cited the MTUS guidelines and noted there was no documentation of compliance with the MTUS guidelines for chronic opioid use. Regarding Oxycontin, the UR physician cited the MTUS guidelines and noted previous reviews had recommended weaning and complete discontinuation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines gabapentin Page(s): p. 49.

Decision rationale: Per the MTUS, gabapentin is an anti-epilepsy drug which is considered a first-line treatment for neuropathic pain. The injured worker did have a diagnosis of thoracic/lumbosacral neuritis/radiculitis. She had been prescribed gabapentin from at least June 2014 to December 2014 without documentation of functional improvement as a result of use of this medication. Pain remained at a level of 6-8 out of 10 in severity, there was no discussion of activities of daily living, work status remained temporarily totally disabled, and office visits continued at the same frequency of approximately monthly. Due to lack of functional improvement, the request for gabapentin 300 mg #180 is not medically necessary.

Desoxyn 5mg #180: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lexicomp online copyright 1978-2015

Decision rationale: The MTUS is silent with regards to Desoxyn. Desoxyn (methamphetamine hydrochloride) is a central nervous system stimulant with a high potential for abuse and is classified as a controlled substance. It is used for treatment of attention-deficit/hyperactivity disorder, short-term for exogenous obesity, and off label for narcolepsy. Significant adverse reactions include cardio respiratory arrest, hypertension, palpitations, and tachycardia. The documentation notes that the injured worker had been prescribed desoxyn for increasing her energy. This is not an approved indication for this medication. The documentation also noted that the injured worker had evidence of opioid dependency with psychological dependency. There was no contract/agreement for use of controlled substances in the documentation submitted. Due

to the potential for toxicity and the lack of an approved indication, the request for Desoxyn is not medically necessary.

Norco 10/325mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): p. 74-96.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work and opioid contract. There should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, mechanical and compressive etiologies, and chronic back pain. The injured worker had chronic low back pain and had been prescribed opioid medication for at least 6 months. There is no evidence of significant pain relief or increased function from the opioids used to date. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address all of the other recommendations in the MTUS. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient has failed a trial of non-opioid analgesics. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain as pain levels over 6 months of treatment remain at 6-8 out of 10 in severity. Changes in activity of daily living were not discussed. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse and two urine drug screens were present in the documentation submitted, from July and August 2014. Use of an opioid contract was not in evidence. It was noted during a functional restoration program evaluation that the injured worker had developed opioid dependency with psychological dependency and a detoxification program was recommended. The prescribing physician describes this patient as temporarily totally disabled, which generally represents a profound failure of treatment, and represents a complete lack of functional improvement. Due to lack of prescribing in accordance with the MTUS and lack of demonstration of functional improvement, the request for Norco 10/325 #150 is not medically necessary.

Oxycontin 40mg #270: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): p. 74-96.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work and opioid contract. There should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, mechanical and compressive etiologies, and chronic back pain. The injured worker had chronic low back pain and had been prescribed opioid medication for at least 6 months. There is no evidence of significant pain relief or increased function from the opioids used to date. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address all of the other recommendations in the MTUS. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient has failed a trial of non-opioid analgesics. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain as pain levels over 6 months of treatment remain at 6-8 out of 10 in severity. Changes in activity of daily living were not discussed. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse and two urine drug screens were present in the documentation submitted, from July and August 2014. Use of an opioid contract was not in evidence. It was noted during a functional restoration program evaluation that the injured worker had developed opioid dependency with psychological dependency and a detoxification program was recommended. The prescribing physician describes this patient as temporarily totally disabled, which generally represents a profound failure of treatment, and represents a complete lack of functional improvement. Due to lack of prescribing in accordance with the MTUS and lack of documentation of functional improvement as a result of treatment, the request for Oxycontin 40 mg #270 is not medically necessary.