

Case Number:	CM15-0009223		
Date Assigned:	01/27/2015	Date of Injury:	02/04/2011
Decision Date:	03/24/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/15/2015

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: New York
Certification(s)/Specialty: Anesthesiology

CLINICAL CASE SUMMARY

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

This 25-year-old male sustained a work-related back injury on 2/4/2011, after lifting concrete objects. He was diagnosed with low back pain with radicular component to left thigh (rated as 9-10/10 pain), and left sacroiliac (SI) joint pain. Previous treatments included medical therapy, including opioid analgesics and Neurontin, exercises, TENS unit, and physical therapy. His diagnoses include low back pain with lumbar radiculopathy, disc herniation at L2-L3, and left knee strain, s/p left knee arthroscopy.. The treating provider requests Motrin, Neurontin 300 mg TID, Morphine ER 30 mg and Percocet. The Utilization Review on 1/9/2015 non-certified Motrin, Neurontin 300 mg Morphine ER 30 mg and Percocet, noting ODG and CA MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-71. Decision based on Non-MTUS Citation ODG Low Back Pain

Decision rationale: Motrin (Ibuprofen), is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. ODG states that NSAIDs are recommended for acute pain, acute low back pain (LBP), short-term pain relief in chronic LBP, and short-term improvement of function in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain in this condition. The documentation indicates the claimant has had significant low back pain with radiculopathy. Guidelines recommend a maximum dose of Motrin of 3200 mg/day. In this case, however, there was no documentation of the dosage and quantity requested. Medical necessity for the requested item has not been established. The requested NSAID is not medically necessary.

Neurontin 300 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18 - 19. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS (2009), Specific Anti-epilepsy Drugs, Gabapentin (Neurontin) Page(s): 17-19, 49. Decision based on Non-MTUS Citation ODG Chapter 6

Decision rationale: According to the CA MTUS (2009) and ODG, Neurontin (Gabapentin) is an anti-epilepsy drug, which has been considered a first-line treatment for neuropathic pain. The records documented that the patient has neuropathic pain (radiculopathy) related to his chronic low back condition. Neurontin has been part of his medical regimen. However, the records documented that when Neurontin was used alone, and not in combination with an opioid analgesic, did not provide significant pain relief. In addition, there was no documentation of the quantity of Neurontin (300mg TID) requested. The requested medication is not recommended and medical necessity has not been established.

Morphine ER 30 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 - 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Morphine ER Page(s): 91-97. Decision based on Non-MTUS Citation ODG Opioids

Decision rationale: According to ODG, chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. When these drugs do not satisfactorily reduce pain,

opioids for moderate to moderately severe pain may be added. According to ODG and CA MTUS, Morphine ER is an opioid analgesic, and is in a class of drugs that has a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics that may be used to manage both acute and chronic pain. These medications are generally classified according to potency and duration of dosage duration. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. In addition, guidelines necessitate documentation that the prescriptions are from a single practitioner and taken as directed. This was not documented in the records. There was also no documentation of the quantity of Morphine ER 30mg BID requested. Medical necessity of the requested item has not been established. The certification of the requested medication is not recommended. [Of note, discontinuance of an opioid analgesic should include a taper to discontinue to avoid withdrawal symptoms.]

Percocet for breakthrough pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79 - 80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: According to ODG, chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. When these drugs do not satisfactorily reduce pain, short-acting opiates, such as Percocet, may be added. According to CA MTUS Guidelines, short-acting opioid analgesics are an effective method of controlling pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing Percocet use for breakthrough pain (which was being used between Morphine ER doses). In addition, guidelines necessitate documentation that the prescriptions are from a single practitioner and taken as directed. This was not documented in the records. There was also no documentation of the dosage, frequency or quantity of Percocet requested for breakthrough pain. Medical necessity of the requested item has not been established. The certification of the requested medication is not recommended. [Of note, discontinuance of an opioid analgesic should include a taper to discontinue to avoid withdrawal symptoms.]