

Case Number:	CM15-0100964		
Date Assigned:	06/03/2015	Date of Injury:	05/06/1996
Decision Date:	07/02/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/26/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 65 year old male, who sustained an industrial injury on 5/6/96. The injured worker was diagnosed as having muscular chest pain, chronic low back pain with multilevel lumbar fusion and right knee pain with history of internal derangement. Treatment to date has included lumbar fusion, oral medications including Percocet, Lyrica, Neurontin and Restoril, topical Lidoderm patches, physical therapy, activity restrictions and prolonged rest. Currently, the injured worker complains of continued low back and right knee pain, he notes the pain is reduced by 50% with medications. Physical exam noted a healed surgical incision with spasm present, tenderness to palpation over the hardware and over the lumbar paraspinal musculature and restricted range of motion. The treatment plan included continuation of oral and topical medications, request for lumbar epidural steroid injections and follow up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Medication Page(s): 75-80.

Decision rationale: Regarding the request for Percocet (oxycodone/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Percocet is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's pain by 50%, but there is no clear documentation of what functional gains were achieved with the use of medication. Furthermore, there is a urine drug screen on 1/15/2015 which tested positive for codeine which is not a prescribed medication. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Percocet (oxycodone/acetaminophen) is not medically necessary.

Neurontin 600mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-21.

Decision rationale: Regarding request for gabapentin (Neurontin), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, the patient was previously taking Lyrica with documented 50% pain reduction on a progress note from 1/205. It is unclear why the patient is switched over to Neurontin and no discussion regarding side effects. In the absence of such documentation, the currently requested gabapentin (Neurontin) is not medically necessary.