

Case Number:	CM15-0104508		
Date Assigned:	06/08/2015	Date of Injury:	01/19/1996
Decision Date:	07/09/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/01/2015

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: Preventive Medicine, Occupational 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 66 year old female, who sustained an industrial injury on 1/19/1996. The mechanism of injury is unknown. The injured worker was diagnosed as status post lumbar laminectomy and discectomy, multilevel lumbar disc protrusion, spondylosis and neuroforaminal stenosis, low back pain and bilateral trochanteric bursitis. Lumbar magnetic resonance imaging showed multi-level disc protrusion and scoliosis. Treatment to date has included surgery, injections, physical therapy and medication management. In a progress note dated 5/12/2015, the injured worker complains of low back pain what was worsening with physical therapy. Physical examination showed lumbosacral paraspinal tenderness. Pain without medication was 9+/10 and with medications was 6.5-7/10. Recent drug screen was consistent with prescriptions. The treating physician is requesting Percocet 7.5/325 mg #120 and Gabapentin 800 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 7.5/325mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percocet (oxycodone & acetaminophen).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Percocet, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Percocet 7.5/325mg, #120 is not medically necessary.

Gabapentin 800mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 -
9792.26 Page(s): 19.

Decision rationale: The MTUS states that gabapentin is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is no documentation of any functional improvement. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Gabapentin 800mg, #60 is not medically necessary.