

Case Number:	CM15-0106527		
Date Assigned:	07/17/2015	Date of Injury:	09/20/1991
Decision Date:	08/12/2015	UR Denial Date:	05/02/2015
Priority:	Standard	Application Received:	06/02/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 55-year-old female who sustained an industrial injury on 9/20/91. Injury occurred when she was lifting a box of juice weighing 40 pounds with onset of lower back pain. There was radiographic evidence of thoracolumbar scoliosis with a Cobb angle of 63 degrees. Recommendations were noted for T4-S1 spinal fusion. Records indicated that Gabapentin had been prescribed since at least 12/11/02, and oxycodone had been prescribed regularly since at least 8/9/12. Recommendations for weaning of the oxycodone and modification was documented in the submitted records since at least 3/28/15. The 4/17/15 treating physician report cited chronic lower back pain with increased pain in her feet which was not helped by the gabapentin. Overall, she was doing okay. She remained depressed and had spent the last month hibernating inside her house. Medications included oxycodone 20 mg up to 6 pills a day, methadone 5 mg twice a day, gabapentin 600 mg twice a day, Lamictal 100 mg once a day, Prevacid 30 mg daily, and docusate as needed, and all medications provide help. Physical exam documented antalgic gait using a rolling walker, severe thoracolumbar kyphosis, and 5/5 bilateral lower extremity strength. The diagnosis was chronic lower back pain, severe thoracolumbar kyphosis, lumbosacral degenerative disc disease, chronic pain syndrome, and opioid dependence. The treatment plan included surgery as soon as authorized. Gabapentin was increased to 3 times per day to help the paresthesias in her lower extremities. Authorization was requested for psychiatric evaluation and treatment of severe depression associated with chronic pain and for medication management. Authorization was requested for one prescription of oxycodone 20 mg #180 and gabapentin 600 mg #90. The 5/2/15 utilization review modified the request for oxycodone 20 mg

#180 to one prescription of oxycodone 20 mg #20 as the injured worker was not receiving functional improvement and the weaning process had previously been recommended and begun. The request for gabapentin 600 mg #90 was non-certified as the injured worker was reporting that this medication was not helping and had been used longer than the recommended time frame.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Gabapentin 600mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Gabapentin (Neurontin) Page(s): 16-22, 49.

Decision rationale: The California MTUS guidelines state that gabapentin is an anti-epilepsy drug (AED) which is considered as a first line treatment for neuropathic pain. After initiation of treatment there should be documentation of pain relief and improvement in function as well as side effects incurred with use. A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. 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. Gabapentin should not be abruptly discontinued. Guideline criteria have been met. This injured worker has been using gabapentin for neuropathic pain since at least 12/11/02. She is currently reporting an elevation of her bilateral foot pain that had not responded to gabapentin at 600 mg twice a day. This is a request for an increase in this medication to 3 times per day to address the bilateral foot neuropathic pain and seems reasonable. Additionally, discontinuation of this medication abruptly is not recommended. Therefore, this request is medically necessary at this time.

1 prescription of Oxycodone 20mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids, specific drug list Page(s): 76-80, 92.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of oxycodone for moderate to severe pain. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. On-going management requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Guideline criteria have not been met. This injured worker presents with on-going chronic low

back pain and bilateral foot pain. She had severe depression and demonstrated minimal function. Records documented the use of oxycodone since at least 8/9/12 with no clear specific documentation relative to pain reduction or functional improvement. There is no evidence of improved quality of life. Records also documented that this medication had been recommended for weaning purposes towards discontinuation since at least 3/28/15. The 5/2/15 utilization review modified the request for oxycodone 20 mg #180 to one prescription of oxycodone 20 mg #20. There is no compelling reason to support the medical necessity of additional medication in the absence of functional benefit. Therefore, this request is not medically necessary.