

Case Number:	CM15-0106971		
Date Assigned:	06/11/2015	Date of Injury:	01/17/1990
Decision Date:	07/13/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/03/2015

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: Massachusetts

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:

This 56-year-old male sustained an industrial injury on 1/17/90. He subsequently reported low back pain. Diagnoses include post laminectomy syndrome and radiculopathy. Treatments to date include x-ray and MRI testing, surgery, physical therapy and prescription pain medications. The injured worker continues to experience low back pain and bilateral lower extremity pain. Upon examination, there was antalgic gait and difficulty with transfers was noted. A request for Hydrocodone/acetaminophen 10/325mg #120 and Hydrocodone/acetaminophen 10/325mg #120 medications was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #120 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drug (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-18.

Decision rationale: The claimant has a remote history of injury occurring in January 1990 and continues to be treated for low back pain with a diagnosis of post-laminectomy syndrome. Medications are referenced as decreasing pain from 10/10 to 5/10 with improved activities of daily living, sleep, and social functioning. Extended release morphine and hydrocodone are being prescribed at a total MED (morphine equivalent dose) of 75 mg per day. Gabapentin is being prescribed at a daily dose of 1200 mg. When seen, there was an antalgic gait and difficulty transitioning positions. There was decreased lumbar spine range of motion. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of at least 1200 mg per day. In this case, the claimant's Gabapentin dosing is consistent with recommended guidelines and therefore medically necessary.

Hydrocodone/acetaminophen 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-going management, Weaning of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of injury occurring in January 1990 and continues to be treated for low back pain with a diagnosis of post-laminectomy syndrome. Medications are referenced as decreasing pain from 10/10 to 5/10 with improved activities of daily living, sleep, and social functioning. Extended release morphine and hydrocodone are being prescribed at a total MED (morphine equivalent dose) of 75 mg per day. Gabapentin is being prescribed at a daily dose of 1200 mg. When seen, there was an antalgic gait and difficulty transitioning positions. There was decreased lumbar spine range of motion. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Hydrocodone/acetaminophen is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing pain control with improved activities of daily living and quality of life. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, continued prescribing was medically necessary.