MAXIMUS Federal Services

Case Number:	CM15-0109924		
Date Assigned:	06/17/2015	Date of Injury:	03/14/1999
Decision Date:	09/01/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/08/2015

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

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 with an industrial injury dated 03/14/1999. The injured worker's diagnoses include lumbar radiculopathy, lumbar/lumbosacral disc degeneration and hip pain. Treatment consisted of diagnostic studies, prescribed medications, trigger point injection on 04/20/2015 and periodic follow up visits. In a progress note dated 04/30/2015, the injured worker reported lower backache. The injured worker rated pain a 4/10 and a 7/10 without medications. The injured worker also reported that the trigger point injection decreased her pain by fifty percent. Objective findings revealed mild pain, slowed gait, restricted lumbar range of motion due to pain, trigger point on right side, bilateral lumbar facet loading, positive straight leg raises on the right and decreased sensation over lateral foot and posterior thigh on the right side. Treatment plan consisted of diagnostic studies and medication management. The treating physician prescribed Neurontin 600mg #90, Neurontin 600mg #90, Gabapentin 300mg #180 and Norco 10/325mg #120 now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AED, Gabapentin Page(s): 18-19.

Decision rationale: Based on the 05/28/15 progress report provided by treating physician, the patient presents with low back pain that radiates to posterior right leg. The patient is status post cervical spine fusion 09/04/14. The request is for NEURONTIN 600MG #90. RFA with the request not provided. Patient's diagnosis per Request for Authorization form dated 04/07/15 includes spinal/lumbar degenerative disc disease, low back pain, sacroiliac pain, sciatic nerve lesion, hip pain, lumbar radiculopathy, lumbar/lumbosacral disc degeneration, congenital elevation of scapula, and disc disorder lumbar. The patient has slowed gait assisted by a cane. Physical examination to the lumbar spine on 05/28/15 revealed tenderness to palpation to paravertebral muscles. Range of motion was decreased, especially on extension 7 degrees. Straight leg raise tested positive on the right. Treatment to date has included surgery, diagnostic studies, trigger point injection, lumbar ESI on 03/17/15, physical therapy, TENS and medications. Patient's medications include Zanaflex, Neurontin, Levothyroxine, and Paxil. The patient is permanent and stationary, and currently not working, per 04/30/15 report. Treatment reports provided from 08/05/13 - 05/28/15. MTUS has the following regarding Gabapentin on pgs 18 & 19: "Gabapentin, Neurontin, Gabarone, generic available - 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." Gabapentin (Neurontin) has been included in patient's medications, per progress reports dated 08/05/13, 10/06/14, 03/05/15, and 05/28/15. It is not known when this medication was initiated. Per 04/02/15 report, treater states "...medications are working well...we will continue the patient's current medication regimen." The patient reports no side effects. Per 05/28/15 report, pain is rated 5/10 with and 8/10 without medications. Given this patient's neuropathic pain, diagnosis and the established efficacy of this medication, continuation is substantiated. Therefore, the request is medically necessary.

Neurontin 600mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AED, Gabapentin Page(s): 18, 19.

Decision rationale: Based on the 05/28/15 progress report provided by treating physician, the patient presents with low back pain that radiates to posterior right leg, rated 5/10 with and 8/10 without medications. The patient is status post cervical spine fusion 09/04/14. The request is for NEURONTIN 600MG #90. RFA with the request not provided. Patient's diagnosis per Request for Authorization form dated 04/07/15 includes spinal/lumbar degenerative disc disease, low back pain, sacroiliac pain, sciatic nerve lesion, hip pain, lumbar radiculopathy, lumbar/lumbo-sacral disc degeneration, congenital elevation of scapula, and disc disorder lumbar. The patient has slowed gait assisted by a cane. Physical examination to the lumbar spine on 05/28/15

revealed tenderness to palpation to paravertebral muscles. Range of motion was decreased, especially on extension 7 degrees. Straight leg raise tested positive on the right. Treatment to date has included surgery, diagnostic studies, trigger point injection, lumbar ESI on 03/17/15, physical therapy, TENS and medications. Patient's medications include Zanaflex, Neurontin, Levothyroxine, and Paxil. The patient is permanent and stationary, and currently not working, per 04/30/15 report. Treatment reports provided from 08/05/13 - 05/28/15. MTUS has the following regarding Gabapentin on pgs 18 & 19: "Gabapentin, Neurontin, Gabarone, generic available - 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." Gabapentin (Neurontin) has been included in patient's medications, per progress reports dated 08/05/13, 10/06/14, 03/05/15, and 05/28/15. It is not known when this medication was initiated. Per 04/02/15 report, treater states "...medications are working well...we will continue the patient's current medication regimen." The patient reports no side effects. Per 05/28/15 report, pain is rated 5/10 with and 8/10 without medications. Given this patient's neuropathic pain, diagnosis and the established efficacy of this medication, continuation is substantiated. Therefore, the request is medically necessary.

Gabapentin (brp) 300mg #180: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AED, Gabapentin Page(s): 18, 19.

Decision rationale: Based on the 05/28/15 progress report provided by treating physician, the patient presents with low back pain that radiates to posterior right leg, rated 5/10 with and 8/10 without medications. The patient is status post cervical spine fusion 09/04/14. The request is for GABAPENTIN (BRP) 300MG #180. Patient's diagnosis per Request for Authorization form dated 04/07/15 includes spinal/lumbar degenerative disc disease, low back pain, sacroiliac pain, sciatic nerve lesion, hip pain, lumbar radiculopathy, lumbar/lumbosacral disc degeneration, congenital elevation of scapula, and disc disorder lumbar. The patient has slowed gait assisted by a cane. Physical examination to the lumbar spine on 05/28/15 revealed tenderness to palpation to paravertebral muscles. Range of motion was decreased, especially on extension 7 degrees. Straight leg raise tested positive on the right. Treatment to date has included surgery, diagnostic studies, trigger point injection, lumbar ESI on 03/17/15, physical therapy, TENS and medications. Patient's medications include Zanaflex, Neurontin, Levothyroxine, and Paxil. The patient is permanent and stationary, and currently not working, per 04/30/15 report. Treatment reports provided from 08/05/13 - 05/28/15. MTUS has the following regarding Gabapentin on pgs 18 & 19: "Gabapentin, Neurontin, Gabarone, generic available - 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." Gabapentin (Neurontin) has been included in patient's medications, per progress reports dated 08/05/13, 10/06/14, 03/05/15, and 05/28/15. It is not known when this medication was initiated. Per 04/02/15 report, treater states "...medications are working well...we will continue the patient's current medication regimen." The patient reports no side effects. Per 05/28/15 report, pain is rated 5/10 with and 8/10 without

medications. Given this patient's neuropathic pain, diagnosis and the established efficacy of this medication, continuation is substantiated. Therefore, the request is medically necessary.

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89, 80,81.

Decision rationale: Based on the 05/28/15 progress report provided by treating physician, the patient presents with low back pain that radiates to posterior right leg, rated 5/10 with and 8/10 without medications. The patient is status post cervical spine fusion 09/04/14. The request is for NORCO 10/325MG #120. Patient's diagnosis per Request for Authorization form dated 04/07/15 includes spinal/lumbar degenerative disc disease, low back pain, sacroiliac pain, sciatic nerve lesion, hip pain, lumbar radiculopathy, lumbar/lumbosacral disc degeneration, congenital elevation of scapula, and disc disorder lumbar. The patient has slowed gait assisted by a cane. Physical examination to the lumbar spine on 05/28/15 revealed tenderness to palpation to paravertebral muscles. Range of motion was decreased, especially on extension 7 degrees. Straight leg raise tested positive on the right. Treatment to date has included surgery, diagnostic studies, trigger point injection, lumbar ESI on 03/17/15, physical therapy, TENS and medications. Patient's medications include Zanaflex, Neurontin, Levothyroxine, and Paxil. The patient is permanent and stationary, and currently not working, per 04/30/15 report. Treatment reports provided from 08/05/13 - 05/28/15. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p 77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p 90 states, "Hydrocodone has a recommended maximum dose of 60mg/24 hrs." Pages 80 & 81 of MTUS also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Norco has been included in patient's medications, per progress reports dated 08/05/13, 10/06/14, 03/05/15, and 05/28/15. It is not known when this medication was initiated. Per 04/02/15 report, treater states "...medications are working well," and patient reports no side effects. Treater continues to state "The patient has signed an appropriate pain contract." Per 12/01/14 report, treater states " The patient currently has adequate and appropriate Analgesia medications with functional benefit an improved quality of life. The patient has improved capability for ADL including self care and household tasks with the medications which is reflected in improved capability for daily functional activities. The patient denies any new adverse effects from medications...The patient currently does not exhibit any adverse behavior to

indicate addiction." In this case, treater has discussed analgesia, adverse effects and aberrant behavior in addressing the 4A's. However, treater has provided general statements of ADL's and not discussed how Norco significantly improves function. MTUS states that "function should include social, physical, psychological, daily and work activities." While the treater discusses some specific ADL's, it is not known that the patient would be unable to self-care based on the condition provided. MTUS requires appropriate discussion of the 4A's. In addition, MTUS does not clearly support chronic opiate use for the patient's chief complaint of chronic low back pain and radiculopathy. Given the lack of documentation as required by guidelines, the request is not medically necessary.