

Case Number:	CM15-0130377		
Date Assigned:	07/16/2015	Date of Injury:	11/30/2006
Decision Date:	08/13/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/06/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 47 year old female, who sustained an industrial injury on 11/30/2006. She has reported injury to the neck, right arm, and low back. The diagnoses have included chronic cervicalgia with exacerbation and right arm radicular pain, secondary to the cervical degenerative disc disease and neuroforaminal stenosis with radiculitis; status post cervical spine surgery in 08/2008; recurrent severe left low back pain with left L5 and S1 radicular pain, secondary to lumbar degenerative disc disease and disc protrusion with radiculitis; and lumbar spinal stenosis and facet arthropathy. Treatment to date has included medications, diagnostics, epidural steroid injections, physical therapy, home exercise program, and surgical intervention. Medications have included Norco, Zanaflex, Methadone, Fentanyl Patch, MSIR (morphine sulfate immediate release), Gabapentin, Lyrica, Elavil, Trazodone, Meloxicam, Coumadin, and Naprosyn. A progress report from the treating provider, dated 04/03/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of severe neck pain radiating down to the arm; low back pain radiating down to the left leg; she also feels numbness and tingling in her arms and hands and feet; her pain level is 8/10; her mood is depressed; she is asking for an injection; her hematologist told her she can be off Coumadin for five days; she ran out of medication two days ago; she is doing daily activity; and she is working part time. Objective findings included normal gait; mood is anxious; palpation of the cervical paraspinal muscle elicits moderate tenderness in the lower cervical area bilaterally; palpation of the upper trapezium muscle elicits mild tenderness on the right; palpation of the lumbar paraspinal muscle

elicits mild tenderness in the lower lumbar area on the left; palpation of the buttock has no tenderness on the left; sensation was decreased to pinprick in the right medial forearm and right medial hand and in the left first web space and lateral foot; discogenic stress maneuvers were pain-provoking; cervical range of motion is limited and painful; and lumbar range of motion is less painful. The treatment plan has included the request for MSIR (morphine sulfate immediate release) 15mg #50; and Gabapentin 300mg #150.

IMR ISSUES, DECISIONS AND RATIONALES

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

MSIR 15mg #50: 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 Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back-Lumbar & Thoracic (Acute & Chronic), Pain, Opioids.

Decision rationale: Morphine Sulfate is a pure opioid agonist. ODG does not recommend the use of opioids for neck and low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such the request for MSIR 15mg #50 is not medically necessary.

Gabapentin 300mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Anti-epilepsy drugs (AEDs) for pain, Gabapentin (Neurontin).

Decision rationale: The MTUS considers Gabapentin as a first-line treatment for neuropathic pain and effective for the treatment of spinal cord injury, lumbar spinal stenosis, and post op pain. MTUS also recommends a trial of Gabapentin for complex regional pain syndrome. ODG

states "Recommended Trial Period: One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggests that if inadequate control of pain is found, a switch to another first-line drug is recommended." Additionally, ODG states that Gabapentin "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." The treating physician has not provided documentation of objective functional improvement with the use of this medication. As such, the request for Gabapentin 300mg #150 is not medically necessary.