

Case Number:	CM15-0132546		
Date Assigned:	07/20/2015	Date of Injury:	02/28/1975
Decision Date:	10/02/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/09/2015

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: Connecticut, California, Virginia
 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 62 year old male, who sustained an industrial injury on 02-28-1975 secondary to a motor vehicle accident. On provider visit dated 06-09-2015 the injured worker has reported on going back pain. On examination of the lumbar spine revealed minimal tenderness of the lumbar spine. The diagnoses have included chronic low back pain with history of lumbar fusion at L5-S1 in 2010. The injured worker was noted to be working. Treatment to date has included medication. The provider requested Neurontin 300mg #90 with two refills, three different prescriptions for Oxycontin 20mg #60 and two prescriptions for Percocet 10/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
 Page(s): 74-96.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably modified this series of request to facilitate appropriate weaning. Given the lack of clear evidence to support continued use of the medication and the chronic risk of continued treatment, the multiple requests for oxycontin and Percocet greater than what has already been allotted per utilization review modification are not considered medically necessary.

Percocet 10/325mg #120 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably modified this series of request to facilitate appropriate weaning. Given the lack of clear evidence to support continued use of the medication and the chronic risk of continued treatment, the multiple requests for oxycontin and Percocet greater than what has already been allotted per utilization review modification are not considered medically necessary.

Neurontin 300mg #90 with two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Medications Page(s): 16-22.

Decision rationale: Anti-epilepsy medications like Neurontin (Gabapentin - generic) are recommended for neuropathic pain, but if a 30% pain reduction is not produced from a trial consisting of three to eight weeks for titration and 1-2 weeks at maximum tolerated dose, changing pharmacologic treatment plans is recommended. The patient continues to have mild pain on exam without evidence of clear neuropathy in the provided documents, which makes continued use difficult to justify based on the guidelines. Therefore the request for Neurontin cannot be considered medically necessary based on the provided records.