

Case Number:	CM15-0135471		
Date Assigned:	07/30/2015	Date of Injury:	07/03/2010
Decision Date:	09/03/2015	UR Denial Date:	07/04/2015
Priority:	Standard	Application Received:	07/13/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 57-year-old female who sustained an industrial injury on 07-03-2010. Current diagnosis includes status post L5-S1 lumbar fusion. Previous treatments included medications, surgical intervention on 05-13-2015, and TLSO brace. Initial injuries occurred to the low back when she was lifting a large coffee pot weighing 20-25 pounds off the coffee maker to the cart and felt a pop in the low back. Report dated 05-29-2015 noted that the injured worker presented with complaints that included continued low back pain and some left-sided leg pain. Pain level was not included. Physical examination was positive for a well-healed incision and some tenderness over the paravertebral muscles. The physician's impression was status post lumbar fusion L5-S1 with some residual postoperative radiculitis and nerve irritation. The treatment plan included prescribing MS Contin, start Gralise, refilled Percocet, discontinue Norco, and return in 4-6 weeks for x-rays of the lumbar spine for evaluation of the fusion. Disputed treatments include MS Contin, and Gralise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine sulfate (MS Contin) 300mg, #60: Upheld

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 Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to ODG, chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. When these drugs do not satisfactorily reduce pain, opioids for moderate to severe pain may be added. According to the ODG and MTUS, MS Contin (Morphine Sulfate Controlled-Release) is a controlled-release preparation that should be reserved for patients with chronic pain, who are in need of continuous treatment. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Gralise 600mg, #30: Upheld

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 Anti-Epilepsy Drugs, Gabapentin Page(s): 18-19.

Decision rationale: Gabapentin (Gralise) is an anti-epilepsy drug, which has been shown to be effective for the treatment of painful diabetic neuropathy and post-herpetic neuralgia, and has been considered as a first-line treatment for neuropathic pain. Gralise is also FDA approved as a second-line option for restless leg syndrome, however, there is no documentation of this for this patient. The records document that the patient has reported radiculopathy related to her low back condition, without evidence of neuropathic pain. There is no documentation of objective findings consistent with current neuropathic pain to necessitate the use of Gralise. In addition, there is no documentation of benefit from the previous use of this medication. Medical necessity for Gralise has not been established. The requested medication is not medically necessary.