

Case Number:	CM15-0139026		
Date Assigned:	07/29/2015	Date of Injury:	04/02/2014
Decision Date:	09/25/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/17/2015

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: Family Practice

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 60 year old male, who sustained an industrial injury on 4/2/14. The injured worker was diagnosed as having scapula humeral dyskinesia, lumbar strain-sprain, lumbar degenerative disc disease, lumbar radiculopathy, lumbar spondylosis and lumbar stenosis. Treatment to date has included oral medications including Ultracet, physical therapy, activity restrictions and lumbar epidural steroid injections. Currently on 6/4/15, the injured worker complains of instability and weakness in his right shoulder with intermittent pain after reaching or attempted lifting; he also reports increased numbness in left leg since lumbar epidural steroid injection and marked pain in lower back with no relief since the epidural. He rates the pain 6/10 with constant leg numbness; he notes no relief in symptoms with use of Ultracet. He is currently working with restrictions. Physical exam performed on 6/4/15 revealed well healed incisions of shoulder with tenderness to palpation at anterior capsule-cuff with rotator cuff weakness and tenderness to palpation of left lumbar L4-5 and L5-S1 with restricted range of motion. A request for authorization was submitted for Gabapentin 300mg #60 and Vicodin 7.5-750mg #60 on 6/4/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs / Anti-Convulsants Page(s): 16-19.

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

Decision rationale: This patient receives treatment for chronic pain involving the shoulder and lower back. This relates back to an industrial injury dated 04/02/2014. This review addresses a request for gabapentin 300 mg. The patient's medical diagnoses include scapula humeral dyskinesia, lumbar disc disease with sprain, and lumbar spondylosis with stenosis. The patient takes tramadol and has received epidural steroid injections. Despite the injections the patient has both numbness and pain down the L leg. Gabapentin is an anti-epileptic drug (AED). AEDs may be medically indicated to treat painful polyneuropathy, post-herpetic neuralgia, and chronic central pain. The patient does not have any of these syndromes. Regarding AEDs for the treatment of axial low back pain, there is insufficient evidence from well designed controlled trials to recommend them. Gabapentin is not medically necessary.

Vicodin 7.5/750mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

Decision rationale: This patient receives treatment for chronic pain involving the shoulder and lower back. This relates back to an industrial injury dated 04/02/2014. This review addresses a request for Vicodin 7.5/750 mg #60. The patient's medical diagnoses include scapula humeral dyskinesia, lumbar disc disease with sprain, and lumbar spondylosis with stenosis. The patient takes tramadol and has received epidural steroid injections. Despite the injections the patient has both numbness and pain down the L leg. Vicodin 7.5/750 contains 7.5 mg of hydrocodone, an opioid and 750 mg of acetaminophen, which the FDA addressed and said should not be used for patients over age 65. His patient has become opioid dependent, exhibits opioid tolerance, and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document any quantitative assessment of return to function while taking the medication, which is an important clinical measure of drug effectiveness. Based on the documentation treatment with Vicodin is not medically necessary.