

Case Number:	CM15-0147292		
Date Assigned:	08/10/2015	Date of Injury:	06/02/2014
Decision Date:	09/10/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/29/2015

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: Texas, New York, California
 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 applicant is a represented 40-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 2, 2014. In a Utilization Review report dated July 16, 2015, the claims administrator failed to approve requests for Neurontin, Medrol, and Percocet. The claims administrator referenced a July 10, 2015 RFA form and an associated office visit of July 9, 2015 in its determination. The applicant's attorney subsequently appealed. In an RFA form dated July 30, 2015, a surgical consultation and an epidural steroid injection were proposed. In an associated pain management note dated July 9, 2015, the applicant was placed off of work, on total temporary disability. The applicant reported heightened pain complaints, 7/10 with medications versus 10/10 without medications. The note was very difficult to follow as it mingled historical issues with current issues. In one section of the note, the treating provider stated that the applicant's pain complaints were not interfering with his ability to work. Somewhat incongruously, the applicant was placed off of work, on total temporary disability, at the bottom of the note. Hyposensorium was appreciated about the left leg. A heightened dose of Neurontin was endorsed, along with Medrol Dosepak and Percocet. The attending provider framed the request for a Medrol Dosepak and Percocet as first-time requests. The applicant was described as having severe left lower extremity radicular pain complaints on this date. On an earlier note of June 29, 2015, the applicant was using Flexeril, Motrin, Norco, and Tylenol, it was reported. The applicant was using gabapentin 300 mg, it was noted on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, GabaroneTM, generic available) Page(s): 19.

Decision rationale: Yes, the request for Gabapentin, an anticonvulsant adjuvant medication, was medically necessary, medically appropriate, and indicated here. As noted on page 18 of the MTUS Chronic Pain Medical Treatment Guidelines, one recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. Here, the attending provider reported on July 9, 2015 that previous usage of Gabapentin at a dosage of 300 mg thrice daily was inadequate. The attending provider suggested that the applicant employ gabapentin at a heightened dose of 600 mg thrice daily. Usage of Gabapentin at the heightened dose proposed by the attending provider was, thus, indicated, given the severe left lower extremity radicular pain complaints reported on the date in question, July 9, 2015. Therefore, the request was medically necessary.

Medrol 4mg dose pack: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain procedure summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Low Back Disorders, pg. 506 1. Recommendation: Glucocorticosteroids for Acute Severe Radicular Pain Syndromes; Glucocorticosteroids are recommended for treatment of acute severe radicular pain syndromes for purposes of obtaining a short-term reduction in pain. Indication; Acute severe radicular pain. Frequency/Dose; Unclear whether parenteral administration or oral administration is more efficacious. In the absence of evidence, it is suggested that oral administration is preferable due to lower invasiveness and costs. It is recommended that only one course (5 to 14 days) of oral medication be prescribed for a given episode of radicular pain. If additional treatment is needed, epidural steroid injections are preferable due to more direct route and targeting of the medication to the affected tissue. Strength of Evidence -Recommended, Evidence (C).

Decision rationale: Similarly, the request for a Medrol Dosepak was likewise medically necessary, medically appropriate, and indicated here. While the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 308 notes that oral corticosteroids such as Medrol Dosepak in question are deemed "not recommended" in the evaluation and management of applicant's low back pain complaints, this position is, however, contravened by a more updated Medical

Treatment Guideline (MTG) in the form of the Third Edition ACOEM Guidelines Low Back Chapter to the effect that glucocorticosteroids are recommended for treatment of acute severe radicular pain syndromes for the purposes of obtaining a short-term reduction of pain. Here, the applicant presented on the July 9, 2015 office visit in question reporting severe left lower extremity radicular pain complaints. The applicant presented ahead of schedule owing to heightened radicular pain complaints on that date. The Medrol Dosepak in question was, thus, indicated to ameliorate the flare in radicular symptoms present on the date in question, July 9, 2015. Therefore, the request was medically necessary.

Percocet 10/325mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-83.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short-acting opioids; Opioid Dosing Calculator Morphine Equivalent Dose (MED) factor Page(s): 75; 87.

Decision rationale: Finally, the request for Percocet, a short-acting opioid, was likewise medically necessary, medically appropriate, and indicated here. The request for Percocet was a first-time request for the same, initiated on July 9, 2015 on the grounds that previously provided Norco had proven ineffectual. As noted on page 75 of the MTUS Chronic Pain Medical Treatment Guidelines, short-acting opioids such as Percocet are often used for intermittent or breakthrough pain. Page 87 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that oxycodone (i.e., the primary ingredient in Percocet) is 1 1/2 times more potent than Hydrocodone, the primary ingredient in previously prescribed Norco. Introduction of Percocet was, thus, indicated on or around the date in question, July 9, 2015, to ameliorate the heightened radicular pain complaints reported on that date. Therefore, the request was medically necessary.