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| Case Number: | CM15-0147584 | | |
| Date Assigned: | 08/11/2015 | Date of Injury: | 06/28/2013 |
| Decision Date: | 09/28/2015 | UR Denial Date: | 07/01/2015 |
| Priority: | Standard | Application Received: | 07/28/2015 |

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46 year old male, who sustained an industrial injury on 6-28-2013. The mechanism of injury is injury from tripping and falling. The current diagnoses are lumbar spinal stenosis and sciatica. According to the progress report dated 6-1-2015, the injured worker complains of severe low back pain with radiation into his legs. He rates his pain 9-10 out of 10 on a subjective pain scale. The physical examination of the lumbar spine reveals spasm, guarding, and positive straight leg raise test on the right. The current medications are Norco, Etodolac, Gabapentin, Hysingla, and Trazadone. It is unclear when the Norco, Gabapentin, and Etodolac were originally prescribed. Treatment to date has included medication management, MRI studies, electrodiagnostic testing, and epidural steroid injection. The plan of care includes decreasing his Norco after his lumbar epidural steroid injection. The injured worker has the following work restrictions. He is restricted to lifting 20 pounds, alternating between standing and sitting as needed for pain, and no climbing of stairs or ladders. A request for Norco, Gabapentin, and Etodolac has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg #195: Overturned

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

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

Decision rationale: The patient presents with diagnoses that include lumbar spinal stenosis and sciatica. The patient currently complains of severe low back pain with radiation into his legs. The current request is for Norco 10/325mg #195. The treating physician states in the Utilization Review Treatment Appeal dated 8/24/15 (17B), "Guidelines do recommend continued opioid therapy for moderate to severe pain as in this case." For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the physician notes in the IMR appeal that the patient states, "that Norco does help to reduce his pain and allow him to walk further and exercise better with less pain. He states that with the use of medications including Hydrocodone, he is able to perform activities of daily living better with less pain. He reports having functional improvement as well as pain relief with use of his medications including Hydrocodone. He has been tolerating Hydrocodone well without any aide effects." In this case, the treating physician clearly documents the patient's analgesia and ADLs, as well as his lack of adverse side effects and aberrant behaviors while on his current medication regimen. The current request is medically necessary.

Etodolac 300mg #90 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68, 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonselective NSAIDS Page(s): 67-69.

Decision rationale: The patient presents with diagnoses that include lumbar spinal stenosis and sciatica. The patient currently complains of severe low back pain with radiation into his legs. The current request is for Etodolac 300mg #90 with 2 refills. Etodolac is a nonsteroidal anti-inflammatory drug (NSAIDs). The treating physician states in the Utilization Review Treatment Appeal dated 8/24/15 (19B), "please note the patient is using Etodolac for anti-inflammatory pain relief." MTUS guidelines, when discussing NSAIDS for back pain state, "Recommended as an option for short-term symptomatic relief." Additionally, MTUS Guidelines when discussing Etodolac state, "A therapeutic response may not be seen for 1-2 weeks." In this case, the treating physician documents that the patient "has tenderness over the base of the lumbar spine left greater than right. There is sciatic notch tenderness on the left, which is not present on the right. Thus, indicating the presence of ongoing inflammatory pathology to warrant the use of Etodolac for anti-inflammation and pain relief." The physician goes on to note the patient, "finds

improvement in pain and function with the use of Etodolac." The current request is medically necessary.

Gabapentin 600mg #90 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs Page(s): 18-19.

Decision rationale: The patient presents with diagnoses that include lumbar spinal stenosis and sciatica. The patient currently complains of severe low back pain with radiation into his legs. The current request is for Gabapentin 600mg #90 with 2 refills. Gabapentin is an anti-epileptic medication, also called an anticonvulsant. Gabapentin is used in adults to treat nerve pain. The treating physician states in the Utilization Review Treatment Appeal dated 8/24/15 (18B), "Regarding our request for Gabapentin, please note that the patient is using Gabapentin for neuropathic pain." MTUS Guidelines have the following regarding Gabapentin, "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered a first-line treatment for neuropathic pain. Gabapentin is recommended for chronic neuropathic pain." In this case, the treating physician states in the Utilization Review Treatment Appeal report dated 8/24/15 (18B), "his subjective, objective and diagnostics findings do indicate the presence of neuropathic pain for which the use of Gabapentin is appropriate and consistent with the guidelines." The current request is medically necessary.