

Case Number:	CM15-0149124		
Date Assigned:	08/12/2015	Date of Injury:	05/29/1996
Decision Date:	09/16/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/31/2015

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, North Carolina
 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 55 year old male who sustained an industrial injury on 5-29-96. His initial symptoms and nature of his injury are unavailable for review. The injured worker has diagnoses of lumbosacral spondylosis, lumbar degenerative disc disease, spondylolisthesis, radiculopathy, low back pain, and chronic pain syndrome. On 6-11-15, he complained of discomfort in the mid and low back, radiating to the left lower extremity with numbness in both feet. He described the pain as "constant" and "pins and needles", as well as "burning". He rated the pain "2-4 out of 10" with use of medications. He reported that changing positions also helps to reduce symptoms. He has undergone MRI's of the thoracic and lumbar spine in the past. The treatment plan was to refill the medications for lumbosacral spondylosis, which included Neurontin and Opana. The record indicates that he PLO cream is "not filled".

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin (Unknown Qty): 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 Page(s): 16.

Decision rationale: CA MTUS Guidelines indicates that Gabapentin (neurontin) is shown to be effective for treatment of painful diabetic neuropathy and post-herpetic neuralgia. It is considered as a first-line treatment for neuropathic pain. The clinical documentation submitted for review failed to provide documentation of the patient's functional response to the medication, and as such, failed to indicate the patient's efficacy. At a follow-up visit in 3/2015, the patient said there was no change in his underlying condition. In addition, a request for an "unknown quantity" of medication is not appropriate. Therefore, the request for a refill of Gabapentin is not deemed medically necessary.

Opana (Unknown Qty): 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): 78.

Decision rationale: CA MTUS Guidelines state that Opana (oxymorphone) is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain, no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. In addition, the request for an unknown quantity of medication is not appropriate. The current request for Opana is thus not medically necessary or appropriate.

PLO Cream (Unknown Qty): 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 Topical analgesics Page(s): 111-113.

Decision rationale: CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the request is for PLO cream. PLO is Pluronic Lecithin Organogel, a transdermal system with the co-existence of organic and aqueous phase which enhances skin permeation and absorption of drugs. In this case there is no drug proposed to be added to the PLO cream. In addition, PLO is not recommended for transdermal use by MTUS, therefore the request is not medically necessary.

