

<b>Case Number:</b>	CM15-0161026		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	09/23/1997
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: 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 70 year old male who sustained an industrial injury on 9-23-97. He had complaints of low back pain. Treatments include: medication, physical therapy and acupuncture. Progress report dated 7-21-15 reports continued complaints of constant, burning low back pain with radiation to the right leg, rated 4 out of 10 on average. The pain is aggravated by bending forward. Oxycontin and gabapentin relieve the pain by 50%. Diagnoses include: chronic pain syndrome, lumbago and lumbosacral neuritis. Plan of care includes: declared permanent and stationary, ordered metabolic panel and urine drug screen, increase gabapentin to 3-4 times per day and maintain current dose of Oxycontin 20 mg take 10 mg at noon and 20 mg at night, plan to increase non narcotic medicine and decrease use of Oxycontin, request TENS unit, discussed regular exercise, good eating habits and smoking cessation. Work status: modified work with restrictions. Follow up in 5-6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 600mg TID #120 3 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 16-17.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18-19.

**Decision rationale:** The current request is for Gabapentin 600mg TID #120 3 refills. Treatments include: medication, physical therapy and acupuncture. Work status is modified work and TTD if not accommodated. MTUS Guidelines, Gabapentin section on pg. 18, 19 has the following: Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Progress report dated 7-21-15 reports continued complaints of constant, burning low back pain with radiation to the right leg, rated 4/10 on average. The patient reports that Oxycontin and gabapentin relieve the pain by 50%. The treater states that he plans to increase Gabapentin and decrease Oxycontin at next visit. Treatment plan was for the patient to continue medications Oxycontin and Gabapentin. The patient has been on this medications regimen since at least 06/01/15. Urine drugs screens are done, and a pain treatment agreement is on file. Report 01/14/15 states with medication regimen the patient is able to do ADL's. Given the patient's radicular pain and documentation of medication efficacy, recommendation for use has been substantiated. The request is medically necessary.

**Oxycontin 20mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, criteria for use of opioids Page(s): 60, 61, 76-78, 88, 89.

**Decision rationale:** The current request is for Oxycontin 20mg. Treatments include: medication, physical therapy and acupuncture. Work status is modified work and TTD if not accommodated. MTUS, criteria for use of opioids, 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 adverse 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. MTUS page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS criteria for use of opioids pages 80 and 81 also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Progress report dated 7-21-15 reports continued complaints of constant, burning low back pain with radiation to the right leg, rated 4/10 on average. The patient reports that Oxycontin and gabapentin relieve the pain by 50%. The treater states that he plans to increase Gabapentin and decrease Oxycontin at next visit. Treatment plan was for the patient to continue medications Oxycontin and Gabapentin. The patient has been on this

medications regimen since at least 06/01/15. Urine drugs screens are done, and a pain treatment agreement is on file. Report 01/14/15 states with medication regimen the patient is able to do ADL's. MTUS requires appropriate discussion of all the 4A's; however, in addressing the 4A's, the treater does not discuss how this medication significantly improves patient's activities of daily living. Furthermore, MTUS does not clearly support chronic opiate use for this kind of condition, chronic low back pain and radiculopathy. Given the lack of documentation as required by guidelines, the request is not medically necessary.