

Case Number:	CM15-0181475		
Date Assigned:	09/22/2015	Date of Injury:	11/07/1999
Decision Date:	11/03/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/15/2015

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:

This injured worker is a 76 year old female, who sustained an industrial injury on 11-07-1999. The injured worker was being treated for degenerative joint disease. On medical records dated 08-05-2015 and 02-20-2015, subjective complaints were noted as chronic pain in low back with occasional radicular symptoms to buttocks and thighs with a recent increase in symptoms. Visual Analogue Scale pain assessment was noted at 68 without medication and with medication regimen 28 also noted injured worker function was noted as improved. On physical examination, there was tenderness to palpation bilaterally in the paralumbar musculature. Active range of motion of thoracolumbar spine was limited. The injured worker was noted to be permanent and stationary as well as retired. Documentation states the injured worker has undergone x-ray of the lumbar spine; however, evidence of same was not submitted for review. Treatment to date included medication, the injured worker has been on Gabapentin since at least 02-2015. Current medications were listed as Gabapentin, discontinue Tramadol and start Norco and continue with Voltaren gel. The Utilization Review (UR) was dated 09-20-2015. A Request for Authorization was dated 08-05-2015. The UR submitted for this medical review indicated that the request for Hydrocodone-Acetaminophen 5-525 #60 with 5 refills and Gabapentin 300mg #180 with 5 refills was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/acetaminophen 5/325 mg, sixty count with five refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents with pain in the lumbar spine radiating to the bilateral buttocks and thighs. The request is for hydrocodone/acetaminophen 5/325mg, sixty count with five refills. Physical examination to the lumbar spine on 08/05/15 revealed tenderness to palpation to the paravertebral musculature bilaterally. Range of motion was noted to be limited. Straight leg raising test was positive bilaterally. Per Request for Authorization form dated 08/05/15, patient's diagnosis includes degenerative joint disease. Patient's medications, per 02/20/15 prescriptive note, include Norco and Neurontin. Patient is permanent and stationary. MTUS, Criteria for Use of Opioids Section, 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, Criteria For Use Of Opioids Section, 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, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, Opioids for Chronic Pain Section, pages 80 and 81 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." MTUS, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." MTUS, Medications For Chronic Pain Section, pages 60 and 61 state the following: Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Treater has not discussed this request. Review of the medical records did not indicate prior use of this medication and it appears that the treater is initiating it. Review of the medical records provided indicates that the patient has been on Tramadol. However, there are no pain scales or validated instruments that address analgesia. With prior use of opiates the 4A's are not specifically addressed including discussions regarding adverse reactions, aberrant behavior, specific ADL's, etc. There are no UDS, no discussions regarding opioid pain agreement, or Cures. MTUS requires appropriate discussions of the 4A's. In this case, the treater has not documented baseline pain and functional assessment, including daily activities. If treater's intent was to initiate this opiate for chronic pain, it would be allowed by MTUS based on records with regards to current medication use,

aim of use, potential benefits and side effects, which have not been discussed. Furthermore, MTUS does not support long-term use of opiates for chronic low back pain and on-going use of opiates does not appear appropriate for this patient's condition. Given the lack of documentation as required by MTUS, the request IS NOT medically necessary.

Gabapentin 300 mg, 180 count with five refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

Decision rationale: The patient presents with pain in the lumbar spine radiating to the bilateral buttocks and thighs. The request is for gabapentin 300mg, 180 count with five refills. Physical examination to the lumbar spine on 08/05/15 revealed tenderness to palpation to the paravertebral musculature bilaterally. Range of motion was noted to be limited. Straight leg raising test was positive bilaterally. Per Request for Authorization form dated 08/05/15, patient's diagnosis includes degenerative joint disease. Patient's medications, per 02/20/15 prescriptive note, include Norco and Neurontin. Patient is permanent and stationary. MTUS Chronic Pain Treatment Guidelines 2009, pg 18, 19, Specific Anti-Epilepsy Drugs section states: "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." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater has not discussed reason for the request. In review of the medical records provided, a prescription for Neutontin (Gabapentin) was first note in progress report dated 02/20/15 and the patient has been utilizing these medications at least since then. However, the treater has not discussed how this medication significantly reduces patient's pain and helps with activities of daily living. MTUS page 60 states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The request is not in accordance with guideline recommendations and therefore, IS NOT medically necessary.