

Case Number:	CM15-0183910		
Date Assigned:	09/24/2015	Date of Injury:	05/09/2013
Decision Date:	10/29/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/18/2015

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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

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 51 year old male, who sustained an industrial injury on 5-9-2013. Medical records indicate the worker is undergoing treatment for axial low back pain, chronic pain syndrome, post laminectomy syndrome and bilateral lumbar 5 radiculopathy. A progress note dated 7-27-2015, reported the injured worker complained of low back pain. A recent progress report dated 8-17-2015, reported the injured worker continued to complain of low back pain. Physical examination revealed limited lumbar range of motion of forward flexion of 20% and bilateral lower extremities weakness. In neither if the recent visits, the pain was not quantified and the efficacy of the treatment was not addressed. Treatment to date has included 24 physical therapy sessions, functional restoration program that decreased medications by 80%, Gabapentin, Omeprazole and Vicodin. Documentations stated there was no aberrant behavior. The physician is requesting Vicodin 5-300mg #30 with 3 refills and Gabapentin 600 mg #30 with 3 refills. On 8-31-2015, the Utilization Review noncertified the request for Vicodin 5-300mg #30 with 3 refills and Gabapentin 600 mg #30 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodine 5/300 mg Qty 30 with 3 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): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam notes of 7/27/15 or 8/17/15. Therefore, the request is not medically necessary.

Gabapentin 600 mg Qty 30 with 3 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): Antiepilepsy drugs (AEDs).

Decision rationale: Per the CA MTUS Chronic Pain Treatment Guidelines page 18, Specific Anti-Epilepsy Drugs, Neurontin is indicated for diabetic painful neuropathy and post-herpetic neuralgia and is considered first line treatment for neuropathic pain. A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. In this case, the documentation from [REDACTED] on 1/16/15 reported he had failed a trial of gabapentin, had side effects from anti-epileptic medications. In addition, there is no documentation supporting a positive response to gabapentin. Therefore, the request is not medically necessary.