

Case Number:	CM15-0184236		
Date Assigned:	09/24/2015	Date of Injury:	12/01/2002
Decision Date:	11/04/2015	UR Denial Date:	09/12/2015
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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 is a 59 year old male whose date of injury was December 1, 2002. Medical documentation for 8-20-15 indicated the injured worker was treated for spinal stenosis of the lumbar region, low back pain, post-laminectomy syndrome, degeneration of the lumbar intervertebral disc and chronic pain syndrome. He reported his low back pain had improved since his last visit. He continued to notice a burning sensation in the posterior aspect of the right thigh and leg. He used five Vicodin 7.5-300 mg tablets per day. Objective findings included a normal gait and posture. Medications included Gabapentin 300 mg, Lipitor 10 mg, Norco 7.5-325 mg (since at least 5-1-2014), Prilosec and Vicodin ES 7.5-300 mg. An MRI of the lumbar spine on July 17, 2015 revealed T12-L1 disc bulge without significant spinal canal stenosis or neural foraminal narrowing, and L1-L2, L2-L3 disc bulge and ligamentum flavum hypertrophy causing mild spinal canal stenosis and mild bilateral neural foraminal narrowing. A urine drug screen on 7-2-2014 revealed consistent results with injured worker's medication regimen. A request for authorization for Gabapentin 300 mg #90 with 2 refills, Norco 7.5-325 mg #150 and Norco 7.5-325 mg #150 DNF until 9-19-15 was received on September 9, 2015. On September 12, 2015, the Utilization Review physician determined Gabapentin 300 mg #90 with 2 refills, Norco 7.5-325 mg #150 and Norco 7.5-325 mg #150 DNF until 9-19-15 be modified as Gabapentin 300 mg #90 with 1 refill between 8-20-15 and 12-8-15, Norco 7.5-325 mg #60 between 8-20-15 to 11-8-15 and Norco 7.5-325 mg #30 DNF until 9-19-15 between 9-15-2015 and 11-8-15 based on CA MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #90 with 2 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: Gabapentin is a medication in the anti-epilepsy drug class. The MTUS Guidelines recommend its use for the treatment of neuropathic pain for its efficacy and favorable side effect profile. Documentation should include the change in pain and function at each visit, especially during the dose adjustment phase. The submitted documentation indicated the worker was experiencing lower back pain with a burning feeling in the back of the right leg. The recorded pain assessments were minimal and did not include many of the elements recommended by the Guidelines. While the worker was suffering from symptoms suspicious for neuropathic pain, the initial starting dose would be expected to have a higher likelihood of negative side effects, and treatment for several months without a follow up assessment in this setting would not be consistent with the MTUS Guidelines. In the absence of such evidence, the current request for 90 tablets of gabapentin 300mg with two refills is not medically necessary. A wean would not be necessary as this medication was not yet started, and if it had, in light of the above medical concerns, a rapid taper over a short amount of time would be appropriate.

Norco 7.5/325mg #150: 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): Acetaminophen, Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-.

Decision rationale: Norco (hydrocodone with acetaminophen) is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when

the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation indicated the worker was experiencing lower back pain with a burning feeling in the back of the right leg. The recorded pain assessments were minimal and contained few of the elements suggested by the Guidelines. There was no discussion detailing how this medication improved the worker's function, exploring the potential negative side effects, or providing an individualized risk assessment. However, a wean is appropriate and should be able to be accomplished with this requested medication. For this reason, the current request for 150 tablets of Norco (hydrocodone with acetaminophen) 7.5/325mg is medically necessary.

Norco 7.5/325mg #150 (DNF until 09/19/2015): 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): Acetaminophen, Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-.

Decision rationale: Norco (hydrocodone with acetaminophen) is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation indicated the worker was experiencing lower back pain with a burning feeling in the back of the right leg. The recorded pain assessments were minimal and contained few of the elements suggested by the Guidelines. There was no discussion detailing how this medication improved the worker's function, exploring the potential negative side effects, or providing an individualized risk assessment. In the absence of such evidence, the current request for 150 tablets of Norco (hydrocodone with acetaminophen) 7.5/325mg to be filled on or after 09/19/2015 is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.