

Case Number:	CM15-0188073		
Date Assigned:	09/30/2015	Date of Injury:	02/28/2011
Decision Date:	11/13/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/24/2015

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 51 year old female, who sustained an industrial injury on February 28, 2011. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having low back pain, degenerative disc disease, lumbar spondylolisthesis and bilateral hip bursitis. Treatment to date has included medications. On July 8, 2015, the injured worker complained of long standing low back pain. The pain was rated as a 5 on a 1-10 pain scale. She reported mild radiating pain down her lower extremities. Notes stated that there is positive improvement. Pain medication was noted to "alleviate a lot of her symptoms." Physical examination of the thoracolumbar spine revealed stiffness and crepitus on flexion and extension of the back. Range of motion was 50% within the normal limits. The treatment plan included Norco, gabapentin, Naproxen, Omeprazole and possible near future epidural injections. On September 9, 2015, utilization review denied a request for Norco 10-325mg #60, gabapentin 600mg #60 and Naproxen 550mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: 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: Based on the 07/08/15 progress report provided by treating physician, the patient presents with low back pain that radiates down the hips and lower extremities, rated 5/10. The request is for NORCO 10/325MG #60. Patient's diagnosis per Request for Authorization form dated 08/27/15 includes lumbar spondylolisthesis. Physical examination of the thoracolumbar spine revealed stiffness and crepitus on flexion and extension. Range of motion was 50% within the normal limits and lower extremity reflexes decreased 2/5. Patient's medications include Norco, Gabapentin, Naproxen and Omeprazole. The patient is being seen on Future Medical, per 07/08/15 report. 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 p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." 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." Norco has been included in patient's medications, per progress reports dated 01/17/15, 05/15/15, and 07/08/15. It is not known when this medication was initiated. Per 07/08/15 report, treater states that "medications alleviate a lot of [the patient's] symptoms." In this case, treater has not stated how Norco reduces pain and significantly improves patient's activities of daily living. There are no before and after pain scales or validated instruments addressing analgesia. MTUS states that "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No current UDS's, opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4A's. 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.

Gabapentin 600mg #60: 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: Based on the 07/08/15 progress report provided by treating physician, the patient presents with low back pain that radiates down the hips and lower extremities, rated 5/10. The request is for GABAPENTIN 600MG #60. Patient's diagnosis per Request for Authorization form dated 08/27/15 includes lumbar spondylolisthesis. Physical examination of the thoracolumbar spine revealed stiffness and crepitus on flexion and extension. Range of motion was 50% within the normal limits and lower extremity reflexes decreased 2/5. Patient's medications include Norco, Gabapentin, Naproxen and Omeprazole. The patient is being seen on Future Medical, per 07/08/15 report. MTUS Chronic Pain Medical 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 post-therapeutic neuralgia and has been considered as a first-line treatment for neuropathic pain." MTUS pg60 under Medications for chronic pain also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Gabapentin has been included in patient's medications, per progress reports dated 01/17/15, 05/15/15, and 07/08/15. It is not known when this medication was initiated. Per 07/08/15 report, treater states that "medications alleviate a lot of [the patient's] symptoms." However, there is no documentation of efficacy of Gabapentin and its impact on the patient's pain and function, as required by MTUS page 60 for all chronic pain medications. Therefore, the request IS NOT medically necessary.

Naproxen 550mg #60: 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-inflammatory medications.

Decision rationale: Based on the 07/08/15 progress report provided by treating physician, the patient presents with low back pain that radiates down the hips and lower extremities, rated 5/10. The request is for NAPROXEN 550MG #60. Patient's diagnosis per Request for Authorization form dated 08/27/15 includes lumbar spondylolisthesis. Physical examination of the thoracolumbar spine revealed stiffness and crepitus on flexion and extension. Range of motion was 50% within the normal limits and lower extremity reflexes decreased 2/5. Patient's medications include Norco, Gabapentin, Naproxen and Omeprazole. The patient is being seen on Future Medical, per 07/08/15 report. MTUS Chronic Pain Medical Treatment Guidelines 2009, pg 22 Anti-inflammatory medications section states: "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence

supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS pg60 under Medications for chronic pain also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Naproxen has been included in patient's medications, per progress reports dated 01/17/15, 05/15/15, and 07/08/15. It is not known when this medication was initiated. Per 07/08/15 report, treater states that "medications alleviate a lot of [the patient's] symptoms." However, there is no documentation of efficacy of Naproxen and its impact on the patient's pain and function, as required by MTUS page 60 for all chronic pain medications. Therefore, the request IS NOT medically necessary.