

Case Number:	CM15-0192349		
Date Assigned:	10/06/2015	Date of Injury:	07/06/2010
Decision Date:	11/16/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/30/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 48-year-old male, who sustained an industrial injury on 7-6-2010. The injured worker was being treated for lumbar spine strain, lumbar spine disc injury at L4-5 (lumbar 4-5) lumbar spine disc bulge, and lumbar spine radiculopathy. Medical records (8-5-2015) indicate ongoing back pain shooting down to the legs, which had not improved. The medical records did not include documentation of the subjective pain ratings. The physical exam (8-5-2015) revealed decreased lumbosacral range of motion, positive straight leg raise, and normal motor strength and deep tendon reflexes in the bilateral lower extremities. On 8-21-2015, an MRI of the lumbar spine revealed moderate to moderately severe degenerative disc disease at L5-S1 (lumbar 5-sacral 1) and more moderate changes at L4-5. At L4-5, there was an annular tear and very small-generalized disc herniation without stenosis. At L5-S1, there was a small-generalized disc herniation with moderate left lateral recess and proximal neural foraminal narrowing, but no central canal or right neural foraminal stenosis. At L3-4 (lumbar 3-4), there was a small generalized disc herniation with mild neural foraminal narrowing and without central canal stenosis. The provided medical records did not include an updated and signed opioid contract, risk assessment profile, or a recent urine drug screen to support compliance with opioid therapy. Treatment has included cold, heat, home exercises, epidural steroid injection, and medications including oral pain (Tylenol No.3 since at least 8-2015), topical pain, anti-epilepsy (Gabapentin since at least 3-2015), antidepressant, proton pump inhibitor, and non-steroidal anti-inflammatory. On 9-9-2015, the requested treatments included Tylenol No.3 #60 and Gabapentin600mg #60. On 9-2-2015, the original utilization review non-certified requests

for Tylenol No.3 #60 and Gabapentin 600mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol No.3 #60 (Rx date 8/19/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

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

Decision rationale: The California MTUS states: When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant improvement in VAS scores for significant periods of time. There are no objective measurements of improvement in function or activity specifically due to the medication. Therefore, not all criteria for the ongoing use of opioids have been met and the request is not medically necessary.

Gabapentin 600mg #60 (Rx date 8/19/15): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

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

Decision rationale: The California chronic pain medical treatment guidelines section on Neurontin states: Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective fortreatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. (Backonja, 2002) (ICSI, 2007) (Knotkova, 2007) (Eisenberg, 2007) (Attal, 2006) This RCT concluded that gabapentin monotherapy appears to be efficacious for the treatment of pain and sleep interference associated with diabetic peripheral neuropathy and exhibits positive effects on mood and quality of life. (Backonja, 1998) It has been given FDA approval for treatment of post-herpetic neuralgia. The number needed to treat (NNT) for overall neuropathic pain is 4. It has a more favorable side-effect profile than Carbamazepine, with a number needed to harm of 2.5. (Wiffen2-Cochrane, 2005) (Zaremba, 2006) Gabapentin in combination with morphine has been studied for treatment of diabetic neuropathy and post herpetic neuralgia. When used in combination the maximum tolerated dosage of both drugs was lower than when each was used as a single agent and better analgesia occurred at lower doses of each. (Gilron-NEJM, 2005) Recommendations involving

combination therapy require further study. The patient has the diagnosis of neuropathic pain in the form of lumbar radiculopathy. Therefore, the request is medically necessary.