MAXIMUS Federal Services

Case Number:	CM15-0194810		
Date Assigned:	10/08/2015	Date of Injury:	07/29/2011
Decision Date:	11/18/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/05/2015

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: Preventive Medicine, Occupational 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:

The injured worker is a 72 year old female who sustained an industrial injury on 07-29-2011. Records show that the injured worker was being treated for sciatica, herniation disc lumbar and pain lumbar spine. Radiology reports were not submitted for review. According to the most recent progress report submitted for review and dated 08-06-2015, the injured worker reported pain in the lower back and pain radiating to the left thigh. She continued to have lower back pain with intermittent numbing and pain over the posterior left thigh and calf region. Pain was described as aching and constant. Pain was rated on average 4 on a scale of 1-10. She also reported difficulty staying asleep. Past medical history was significant for high blood pressure, high cholesterol and sciatica. Current medications included Mobic, Aleve, Cymbalta and Gabapentin. The physical examination was noted as: well developed and well nourished, alert and oriented and no acute distress. Treatment to date has included physical therapy, one epidural injection and medications. Conservative treatment has included heat, ice, electrical stimulation and physical therapy and "low dose" pharmacological regimen. The epidural injection provided 40-60 percent relief. The provider noted that the injured worker was there for a refill of Neurontin and to request a refill of Vicodin. The injured worker stated that she only used her medications occasionally as needed. However, recently she had been experiencing increased pain at night time requiring medication more often. Average pain level with medication was 4-5. There were no side effects and no complications. "This medication allows her an adequate level of functionality." With current regimen, she was able to drive, do light house chores, cook light meals and care for herself without assistance. She was currently not working. Prescriptions were

written for Gabapentin 400 mg #60 with 2 refills and Hydrocodone 5 mg Acetaminophen 325 mg one tablet once a day #20. An authorization request dated 09-02-2015 was submitted for review. The requested services included Gabapentin 400 mg #60 with 2 refills and Hydrocodone 5-325 mg #20. Urine toxicology reports were not submitted for review. On 09-10-2015, Utilization Review modified the request for Hydrocodone 50 mg Acetaminophen 325 mg #20 and Gabapentin 400 mg #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5mg Acetaminophen 325mg #20: Overturned

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

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

Decision rationale: MTUS Guidelines supports the careful use of opioid medications for chronic pain if there is meaningful pain relief, functional support and the lack of drug related aberrant behaviors. This individual meets these Guideline criteria. Pain relief and functional support is adequately documented. The use of Opioids is very limited at 5-10 mg of Hydrocodone per day on a long-term basis which is consistent with appropriate use and is adequate evidence of no drug related aberrant behaviors. There is no history of early refills, lost prescriptions or undue accelerated use. The Hydrocodone 5mg Acetaminophen 325mg #20 is supported by Guidelines and is medically necessary.

Gabapentin 400mg #60 with 2 refills: 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): Introduction, Antiepilepsy drugs (AEDs).

Decision rationale: MTUS Guidelines support the use of anti-epilepsy drugs for neuropathic pain which this individual has. Its use is very low dose and there have been no side effects with long term use. Guidelines do not state that follow up visits have to be within specified time limits and given the stability and low dosing follow up between refills could be several months without undue risk to this patient. Guidelines allow a large leeway in visit frequency for chronic pain dependent upon the particular circumstances. Under these circumstances, the Gabapentin 400mg #60 with 2 refills is supported by Guidelines and is medically necessary.