

Case Number:	CM15-0197220		
Date Assigned:	10/12/2015	Date of Injury:	09/01/1995
Decision Date:	12/15/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	10/07/2015

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 64-year-old male, who sustained an industrial injury on 9-1-95. The injured worker is diagnosed with failed back surgery, lumbar radiculitis and post intrathecal pump. A note dated 6-4-15 - 8-20-15 reveals the injured worker presented with complaints of mid to low back pain and discomfort described as burning and tingling sensation down his lower extremities with excessive movement and repetitive bending. He reports difficulty lying on his back due to muscle spasms and pain. Physical examinations dated 6-4-15 - 8-20-15 revealed an altered gait and tenderness and spasms throughout his paraspinal musculature. Treatment to date has included a lumbar spinal fusion, psychiatric treatment, intrathecal pump (removed), lumbar corset, medications; Ultram (6-2015), Baclofen, Zofran (helps with nausea per note 8-20-15), Gabapentin and Dilaudid (6-23-15), cane to assist with ambulation and a left foraminal epidural injection provided relief per note dated 5-21-15. Diagnostic studies to date have included toxicology screen, lumbar CT scan and x-rays. A request for authorization dated 8-20-15 for Dilaudid 4 mg #180, Ultram 50 mg #60, Zofran 8 mg #60, Baclofen 10 mg #180 and Gabapentin 800 mg #120 is non-certified, per Utilization Review letter dated 9-4-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg #180: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Guidelines state that Dilaudid is indicated for moderate to moderately severe pain. Guidelines further state the criteria for the use of opioids is the ongoing review and documentation of the patient's pain relief, functional status, appropriate medication use, and side effects. In this case, the medical necessity has been established for the patient's use of the requested Dilaudid as a first-line analgesic agent for pain relief for the patient's treatment of chronic pain as it is appropriate in this clinical setting. I am reversing the previous utilization review decision. Dilaudid 4mg #180 is medically necessary.

Ultram 50mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Ultram is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The patient reported significant pain relief and functional improvement as a result of this medication. I am reversing the previous utilization review decision. Ultram 50mg #60 is medically necessary.

Zofran 8mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: There is no documentation that the patient is suffering nausea or vomiting due to any of the approved indications for Ondansetron. Current approved indications include nausea as a result of cancer chemotherapy, radiation of the abdomen or total body radiotherapy, or postoperative nausea/vomiting. Ondansetron not recommended for nausea and vomiting secondary to chronic opioid use. Zofran 8mg #60 is not medically necessary.

Baclofen 10mg #180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The patient has been taking the muscle relaxant for an extended period of time far longer than the short-term course recommended by the MTUS. Baclofen 10mg #180 is not medically necessary.

Gabapentin 800mg #120: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS states that gabapentin is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is documentation of functional improvement with the continued use of this medication. I am reversing the previous utilization review decision. Gabapentin 800mg #120 is medically necessary.