

Case Number:	CM15-0203052		
Date Assigned:	10/19/2015	Date of Injury:	05/16/1992
Decision Date:	12/03/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/15/2015

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: 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:

This injured worker is a 58 year old female, who sustained an industrial injury on 05-16-1992. The injured worker was diagnosed as having low back pain and cervical pain. On medical records dated 04-22-2015 and 07-09-2015, the subjective complaints were noted as upper back pain and low back pain. Pain was rated a 7-9 out of 10 with medication and 4-6 out of 10 with pain medication. Objective findings were noted as lumbar spine with equivocal straight left raise on the left. Tenderness was noted in the paracervical muscles. Treatments to date included medication. The injured worker was noted to be not working. Current medications were listed as Celebrex, Embeda (since at least 04-2015), Hydroxyzine HCL, Levothyroxine, Carvedilol, Lorazepam, Citalopram HBR, Embrel, Lansoprazole Dr, Lasix, Linzess, Lyrica, Magnesium Oxide, Metformin, HCL, Potassium Cl, Seroquel, Temazepam, Zaleplon and Gabapentin (since at least 04-2015). The Utilization Review (UR) was dated 09-22-2015. A Request for Authorization was submitted. The UR submitted for this medical review indicated that the request for Embeda 20mg #30 and gabapentin 600mg #60 was non-certified. April 22, 2015 notes that no medication abuse is suspected.

IMR ISSUES, DECISIONS AND RATIONALES

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

Embeda 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain - Embeda.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/ Embeda (morphine /naltrexone).

Decision rationale: According to ODG, Embeda (morphine /naltrexone) is recommended as an option for patients who are at risk for abuse of opioids by altering recommended oral use. This medication is designed to alter oral use and thus prevent patients from abusing opioids. As it is resistant to being crushed or dissolved, Embeda does not allow for nasal use (insufflation), chewing and /or intravenous use. In this case, the medical records do not establish that the injured worker is at risk for opioid abuse or diversion. The medical records note that no medication abuse is suspected and urine drug screens have been appropriate. The request for Embeda is therefore not supported. The request for Embeda 20mg #30 is not medically necessary and appropriate.

Gabapentin 600mg #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): Antiepilepsy drugs (AEDs).

Decision rationale: Per the MTUS guidelines, anti-epileptic medications are supported as first line in the treatment of chronic neuropathic pain. While gabapentin is supported as a first line treatment, the medical records note that the injured worker is also being prescribed Lyrica and a rationale for prescribing two anti-epileptic agents has not been established. The request for gabapentin is therefore not supported. The request for Gabapentin 600mg #60 is not medically necessary and appropriate.