

Case Number:	CM15-0023638		
Date Assigned:	02/13/2015	Date of Injury:	09/19/2013
Decision Date:	04/02/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/09/2015

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 35 year old male, who sustained an industrial injury on 9/19/13. He has reported in the lower back. The diagnoses have included lumbar radiculopathy. Treatment to date has included chiropractic treatments and oral medications. As of the PR2 dated 12/31/14, the injured worker reports improved back pain with chiropractic treatments and oral medications. The treating physician requested Vicodin 10/325mg #60, Tramadol 50mg #60 and Gabapentin 300mg #90. There are no other diagnostic study reports or progress notes in the case file. On 1/16/15 Utilization Review modified a request for Vicodin 10/325mg #60 to Vicodin 10/325mg #30, Tramadol 50mg #60 to Tramadol 50mg #30 and Gabapentin 300mg #90 to Gabapentin 300mg #45. The utilization review physician cited the MTUS guidelines for chronic pain. On 1/30/15, the injured worker submitted an application for IMR for review of Vicodin 10/325mg #60, Tramadol 50mg #60 and Gabapentin 300mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 10/325mg 1 tab every 12 hours #30 no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Hydrocodone Page(s): 76-78, 88-89, 90.

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The request is for Vicodin 10/325MG 1 Tab Every 12 Hr #30 No Refills. The utilization review letter on 01/16/14 indicates that the patient has been on Vicodin, Tramadol and Gabapentin. Regarding chronic opiate use, MTUS guidelines page 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 page 78 also requires documentation of the 4A's --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 guidelines page 90 states that "Hydrocodone has a recommended maximum dose of 60mg/24 hours. In this case, the review of the reports does not show any discussion specific to this medication other than the treater's request. The 4 A's including analgesia, ADL's, side effects, and aberrant drug seeking behavior are not addressed as required by MTUS for chronic opiate use. There are no before and after pain scales to show analgesia; no specific ADL's are mentioned to show functional improvement; no urine toxicology, CURES reports showing opiate monitoring. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The requested Vicodin IS NOT medically necessary.

Tramadol 50mg 1 To 3 Tabs A Day #30 No Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The request is for Tramadol 50mg 1 To 3 Tabs A Day #30 No Refills. The utilization review letter on 01/16/14 indicates that the patient has been on Vicodin, Tramadol and Gabapentin. Regarding chronic opiate use, MTUS guidelines page 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 page 78 also requires documentation of the 4A's --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. In this case, the review of the reports does not show any discussion specific to this medication other than the treater's request. The 4 A's including analgesia, ADL's, side effects, and aberrant drug seeking behavior are not addressed as required by MTUS for chronic opiate use. There are no before and after pain scales to show analgesia; no specific ADL's are mentioned to show functional improvement; no urine toxicology, CURES reports showing opiate monitoring. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly

be weaned as outlined in MTUS guidelines. The requested Tramadol IS NOT medically necessary.

Gabapentin 300mg 1 Tab 3 Times A Day #45 No Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 16-18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Gabapentin Page(s): 18-19.

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The request is for Gabapentin 300mg 1 To 3 Tabs 3 Times A Day #45 No Refills. The utilization review letter on 01/16/14 indicates that the patient has been on Vicodin, Tramadol and Gabapentin. MTUS guidelines page 18 and 19 states that "Gabapentin --Neurontin, Gabarone", generic available-- has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." In this case, there is no discussion regarding how long the patient has been utilizing this medication and with what efficacy. the treater does not provide adequate documentation of pain reduction or functional improvement from the use of this medication. MTUS require documentation of at least 40% reduction of pain with initial trial for chronic use of this medication. MTUS page 60 require recording of pain and function when medication is used for chronic pain. The requested Gabapentin IS NOT medically necessary.