

Case Number:	CM15-0024455		
Date Assigned:	02/17/2015	Date of Injury:	01/07/2013
Decision Date:	04/02/2015	UR Denial Date:	01/23/2015
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 59 year old female patient, who sustained an industrial injury on 01/07/2013. A follow up visit dated 11/21/2014 reported subjective complaints of difficulty getting medications authorized and the pain is getting worse without Ultram and muscle relaxer. She stated back pain, stiffness, decreased spine range of motion, lower extremity parasthesias, neck pain, difficulty walking, sleeping and urinary incontinence. Objective findings showed obesity hides a lot of muscle; patient refuses all range of motion, straightening in the lumbar area. A request was received on 01/15/2015, asking for medications Gabapentin, and Hydrocodone/APAP. On 01/23/2015, Utilization Review non-certified the request, noting the CA MTUS Chronic Pain Guidelines, Gabapentin, Anti-Epilepsy drugs, Hydrocodone/APAP, Opioids were cited. The injured worker submitted an application, on 02/09/2015 for independent medical review of services requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin (Neurontin) 600 mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Medications for chronic pain Page(s): 16-18, 60.

Decision rationale: This patient presents with back pain. The treater has asked for Gabapentin- Neurontin 600MG #90 With 3 Refills but the requesting progress report is not included in the provided documentation. Patient has been taking Gabapentin since 6/16/14. Regarding anti-convulsants, MTUS guidelines recommend for neuropathic pain, and necessitate documentation of improvement of function, side effects, and pain relief of at least 30% a lack of which would require: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. Gabapentin is recommended by MTUS as a trial for chronic neuropathic pain that is associated with spinal cord injury and CRPS, fibromyalgia, lumbar spinal stenosis. The patient's work status is not included in the provided documentation. In this case, the patient has been taking Gabapentin since 6/16/14 without documentation of effectiveness in relation to pain and function, as per MTUS pg. 60. The requested gabapentin is not indicated. The request IS NOT medically necessary.

Hydrocodone-APAP 10/325 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: This patient presents with back pain. The treater has asked for Hydrocodone APAP 10/325MG #60 but the requesting progress report is not included in the provided documentation. Patient has been using Hydrocodone since 8/21/14. For chronic opioids use, MTUS Guidelines pages 88 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 4As (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. The patient's work status is not included in the provided documentation. In this case, the treater indicates a decrease in pain with current medications which include Norco, stating "medications are helpful" per 10/23/14 report. But there is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living are not discussed. There is no discussion of return to work or change in work status attributed to the use of the opiate. Urine toxicology from 8/21/14 showed inconsistent, as patient was negative for Cyclobenzaprine which was being prescribed. No other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. The request IS NOT medically necessary.

