MAXIMUS Federal Services

Case Number:	CM15-0224403		
Date Assigned:	11/20/2015	Date of Injury:	03/17/2003
Decision Date:	12/30/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/16/2015

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: North Carolina
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 is a 44-year-old female who sustained a work-related injury on 3-17-03. Medical record documentation on 10-7-15 revealed the injured worker was being treated for degeneration of lumbar intervertebral disc disease, lumbago, displacement of lumbar intervertebral disc without myelopathy, spasm of muscle, myalgia and myositis, thoracic-lumbosacral neuritis or radiculitis, chronic pain syndrome and lumbar facet joint pain. She reported chronic low back pain and rated her pain an 8 on a 10-point scale without medications (7 on 9-10-15) and a 7 on a 10-point scale with medications (5 on 9-10-15). She was status post lumbar epidural steroid injection the week prior and reported 70% relief in her pain. She was able to perform her activities of daily living independently, able to stand for over one hour, sit for one half hour and walk several blocks. The evaluating physician noted that the injured worker reduced her Norco from 120 to 90 and would remain there to keep her comfortable. Her medication regimen included Norco 10-325 mg (since at least 5-6-15), Neurontin 300 mg, Lidoderm patch 5%, Ibuprofen 800 mg, and Tramadol 50 mg (since at least 5-6-15). Previous chiropractic therapy provided good pain reduction. Objective findings included mild tenderness to palpation along the cervical spine and with movement. Her cervical spine range of motion included flexion to 10% restricted, extension to 30% and restricted, and rotation at 20% and restricted. She had tenderness to palpation over the lumbar spine and her lumbar spine range of motion included flexion at 30% and restricted and lateral bending at 40% and restricted. She was unable to extend. She had positive bilateral straight leg raise. An MRI of the lumbar spine on 5-21-14 is documented as revealing L5-S1 degenerative disc disease with mild broad right paracentral disc protrusion. Conservative measures included

ice, heat, rest, gentle stretching and exercise. A request for Ultra 50 mg-tab, #120, gabapentin 300 mg-tab #90 with 3 refills and Norco 10-325 mg-tab #90 was received on 10-21-15. On 10-28-15, the Utilization Review physician determined Ultra 50 mg-tab, #120, gabapentin 300 mg-tab #90 with 3 refills and Norco 10-325 mg-tab #90 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 mg/tab, 1 tab po QID #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: When to Continue Opioids(a) If the patient has returned to work(b) If the patient has improved functioning and pain (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long- term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant decrease in objective pain measures such as VAS scores for significant periods of time. There are no objective measures of improvement of function or how the medication improves activities with pain only decreased from an 8/10 to a 7/10. Therefore, not all criteria for the ongoing use of opioids have been met and the request is not medically necessary.

Gabapentin 300 mg/tab 1 tab TID #90 refills 3: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The California chronic pain medical treatment guidelines section on Neurontin states: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. (Backonja, 2002) (ICSI, 2007) (Knotkova, 2007) (Eisenberg, 2007) (Attal, 2006) This RCT concluded that gabapentin monotherapy appears to be efficacious for the treatment of pain and sleep interference associated with diabetic peripheral neuropathy and exhibits positive effects on mood and quality of life. (Backonja, 1998) It has been given FDA approval for treatment of post-herpetic neuralgia. The number needed to treat (NNT) for overall neuropathic pain is 4. It has a more favorable side-effect profile than Carbamazepine, with a number needed to harm of 2.5. (Wiffen2-Cochrane, 2005) (Zaremba, 2006) Gabapentin in combination with morphine has been studied for

treatment of diabetic neuropathy and postherpetic neuralgia. When used in combination the maximum tolerated dosage of both drugs was lower than when each was used as a single agent and better analgesia occurred at lower doses of each. (Gilron-NEJM, 2005) Recommendations involving combination therapy require further study.The requested medication is a first line agent to treatment neuropathic pain. The patient does have a diagnosis of neuropathic pain in the form of lumbar radiculopathy. Therefore, the request is medically necessary.

Norco 10/325 mg/tab 1 tab po TID #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: When to Continue Opioids (a) If the patient has returned to work (b) If the patient has improved functioning and pain (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004)The long- term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant decrease in objective pain measures such as VAS scores for significant periods of time. There are no objective measures of improvement of function or how the medication improves activities with pain only decreased from a 8/10 to a 7/10. Therefore, not all criteria for the ongoing use of opioids have been met and the request is not medically necessary.