

Case Number:	CM15-0224541		
Date Assigned:	11/20/2015	Date of Injury:	11/12/1998
Decision Date:	12/30/2015	UR Denial Date:	11/02/2015
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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 an 84 year old female with an industrial injury date of 11-12-1998. Medical record review indicates she is being treated for lumbosacral radiculitis, chronic pain syndrome and degenerating of lumbar intervertebral disc. Subjective complaints (10-22-2015) included left sided low back pain radiating to left lower extremity and left buttock. The injured worker noted the pain interfered with sleep. Aggravating factors included bending, sitting and standing. The injured worker reported a decrease in pain with the use of Neurontin. The treating physician noted the injured worker's current shoes had worn down and requested replacement of orthopedic sneakers. Current medications include Gabapentin (at least since 05-11-2015), Hydrocodone, Lactulose, Lidocaine, Lisinopril, Omeprazole and Ultracet (at least since 05-11-2015). Prior treatment included medications. Physical exam (10-22-2015) noted normal gait and normal posture. The treating physician noted CURES and urine drug screen were appropriate. On 11-02-2015 the request for the following treatments was non-certified by utilization review:- Ultracet 37.5/325 mg #60 x 2 refills Orthotic sneakers Gabapentin 400 mg, #90

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 400mg, #90: Overturned

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

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

Decision rationale: Gabapentin is an anti-epileptic medication. Gabapentin 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 and has FDA approval for treatment of post-herpetic neuralgia. Gabapentin appears to be effective in reducing abnormal hypersensitivity, to have anti-anxiety effects, and may be beneficial as a sleep aid. Gabapentin has a favorable side-effect profile, few clinically significant drug-drug interactions and is generally well tolerated; however, common side effects include dizziness, somnolence, confusion, ataxia, peripheral edema, dry mouth, and weight gain. It has been recommended for the treatment of pain from spinal cord injury, fibromyalgia, lumbar spinal stenosis, and chronic regional pain syndrome. Recommended trial period is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. If inadequate control of pain is found, a switch to another first-line drug is recommended. In this case the patient has been using gabapentin since at least August 2015 and is obtaining analgesia. Criteria for gabapentin use have been met. The request is medically necessary.

Ultracet 37.5/325mg #60 x 2 refills: Upheld

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

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

Decision rationale: Ultracet is the compounded medication containing tramadol and acetaminophen. Tramadol is a synthetic opioid affecting the central nervous system. It has several side effects, which include increasing the risk of seizure in patients taking SSRIs, TCAs and other opioids. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDs have failed. Opioids may be a safer choice for patients with cardiac and renal disease than antidepressants or anticonvulsants. Acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. Renal insufficiency occurs in 1 to 2% of patients with overdose. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a

maximum of 4 g/day. In this case the patient has taking Ultracet since February 2015 and hydrocodone since April 2015. This is duplication of therapy as both medications are opiates. In addition there is no documentation that the patient has signed an opioid contract. Criteria for long-term opioid use have not been met. The request is not medically necessary.

Orthotic sneakers: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot, Orthotic Devices.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Orthotic Devices, Ankle foot orthosis (AFO).

Decision rationale: Orthotic devices are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Both prefabricated and custom orthotic devices are recommended for plantar heel pain. Ankle foot orthosis is recommended as an option for foot drop. An ankle foot orthosis (AFO) also is used during surgical or neurologic recovery. In this case documentation in the medical record does not support the diagnosis of plantar fasciitis or rheumatoid arthritis. There is no medical indication for use of orthotic devices such as sneakers. The request is not medically necessary.