

Case Number:	CM15-0032045		
Date Assigned:	02/25/2015	Date of Injury:	01/23/1989
Decision Date:	04/10/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/20/2015

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 60 year old male, who sustained an industrial injury on January 23, 1989. He has reported multiple injuries. The diagnoses have included lumbar spine stenosis, lumbar spine radiculopathy, and lumbar spine post laminectomy. Treatment to date has included lumbar surgeries, epidurals, electrodiagnostic studies, and medications. Currently, the IW complains of continued back pain. The records indicate he reports having had 60% pain relief with an epidural injection. An electromyogram was noted to be positive. A magnetic resonance imaging of the lumbar on March 19, 2014, revealed post-operative changes. The Utilization Review indicates a previous approval for Gabapentin 600mg #90 on January 5, 2015. The Utilization Review indicates a previous denial for Oxycodone IR 10mg #90. On January 27, 2015 Utilization Review non-certified Gabapentin 600mg #90, no refill, and Oxycodone IR 10mg #90, no refill. The MTUS and ACOEM guidelines were cited. On February 20, 2015, the injured worker submitted an application for IMR for review of Gabapentin 600mg #90, no refill, and Oxycodone IR 10mg #90, no refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg quantity 90 with no refill: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Gabapentin Medications for chronic pain Page(s): 18-19, 60.

Decision rationale: The patient presents with continued back pain. The request is for GABAPENTIN 600MG QUANTITY 90 WITH NO REFILL. The RFA provided is dated 01/22/15. Patient is status-post spinal fusion in 2013. Patient's diagnosis included lumbar spine stenosis, lumbar spine radiculopathy, and lumbar spine post laminectomy. Patient has also received an ESI which helped reduce LBP and radicular symptoms significantly (approximately 60%) although only for less than a week. It is not known whether or not the patient is working. MTUS has the following regarding Gabapentin on pg 18, 19: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and posttherapeutic neuralgia and has been considered as a first-line treatment for neuropathic pain." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The prescription for Gabapentin was first mentioned in the progress report dated 08/18/14 and the patient has been using it consistently at least since then. Gabapentin is a first-line treatment for neuropathic pain. In review of progress reports, it is noted that the patient has been diagnosed with lumbar spine radiculopathy thus presents with the indication for the use of this prescription. Moreover, patient has stated that Gabapentin helps reduce radicular symptoms in BLE significantly (>50%) and improves ADLs. Therefore, the request IS medically necessary.

Oxycodone IR 10mg quantity 90 with no refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 continued back pain. The request is for OXYCODONE IR 10MG QUANTITY 90 WITH NO REFILL. The RFA provided is dated 01/22/15. Patient is status-post spinal fusion in 2013. Patient's diagnosis included lumbar spine stenosis, lumbar spine radiculopathy, and lumbar spine post laminectomy. Per the progress report dated 01/13/15, Patient has received an ESI which helped reduce LBP and radicular symptoms significantly (approximately 60%) although only for less than a week. It is not known whether or not the patient is working. 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 prescription for Oxycodone was first mentioned in the progress report dated 08/18/14 and the patient has been using it consistently at least since then. Patient states that Oxycodone helps reduce LBP symptoms significantly

(>30%). Per the progress report dated 01/13/15, SOAPPR dated 05/16/14 = 30 which represents an elevated risk for opiate misuse. In regards to the request for Oxycodone, treater has not provided adequate documentation of medication efficacy to continue this medication. There are no pain scales or validated instruments to demonstrate analgesia and no functional improvements verified by specific ADLs. The 4A's are not specifically addressed including discussions regarding aberrant drug behavior, UDS's, opioid pain agreement, or CURES reports. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.