

Case Number:	CM15-0036146		
Date Assigned:	03/04/2015	Date of Injury:	09/14/2012
Decision Date:	04/14/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/26/2015

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, Georgia
 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:

The injured worker is a male patient, who sustained an industrial injury on 09/14/2012. A primary treating office visit dated 12/17/2014 reported the patient with current complaint of low back pain rated a 4 out of 10 in intensity and described as a stabbing aching feeling across his low back which also radiated into his right lower extremity stopping at the knee. He also has parasthesias in the bilateral toes. Objective findings showed his gait is slow and deliberate. He has limited range of motion of the lumbar spine in all planes secondary to pain. He has diminished sensation along the right L4, L5 and most significantly the S1 dermatomes. He is diagnosed with grade I-II spondylolisthesis at L5-S1 with bilateral L5 pars fractures; several bilateral neural foraminal narrowing at L5- S1, and lumbar radiculopathy. A request was made for Codeine with APAP 30/300mg #45, Gabapentin 600mg # 30, Venlafaxine ER 37.5mg # 30 and Ketoprophen 20% cream. On 01/28/2015, Utilization Review, non-certified the request, noting the CA MTUS, Chronic Pain, Codeine, Gabapentin were cited. The injured worker submitted an application 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:

APAP with codeine 300/30mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. Therefore, the record does not support medical necessity of ongoing opioid therapy with APAP with codeine 300/30 #90.

Gabapentin 600mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 18-19.

Decision rationale: CA MTUS guidelines state that gabapentin is effective for treatment for diabetic painful neuropathy and post-herpetic neuralgia. It is considered a first line intervention for neuropathic pain. There is limited evidence to show that gabapentin is effective for post-operative pain where fairly good evidence shows that it reduces need for narcotic pain control. In this case, the gabapentin is prescribed for chronic pain with no evidence or documentation to suggest that the pain is neuropathic. It is not prescribed in the immediate post-operative period and therefore is not medically necessary.

Venlafaxine ER 37.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 13-16.

Decision rationale: The CA MTUS includes extensive support for the use of antidepressants for neuropathic pain but the evidence for antidepressant use in non neuropathic pain is less robust. However, The CA MTUS states that antidepressants are an option in non neuropathic pain, especially with underlying depression present, the effectiveness may be limited. It has been suggested that the main role of SNRI medications, such as the Effexor prescribed in this case, is

in controlling psychological symptoms associated with chronic pain. The medical records do not document an underlying mood disorder for which Effexor is prescribed and do not describe any functional improvement with its use. Ongoing use of Effexor is not medically indicated.

Ketoprofen 20% cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 111-112.

Decision rationale: CA MTUS recommends limited use of topical analgesics. These are primarily recommended for neuropathic pain with antidepressants and antiepileptics have failed. CA MTUS specifically prohibits the use of agents, which are not FDA approved for topical use. Ketoprofen is not FDA approved for topical application and there is not medically indicated.