

<b>Case Number:</b>	CM15-0040714		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	09/24/2004
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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: Pennsylvania, Ohio, 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 57-year-old female, who sustained an industrial injury on 09/24/2004. She reported low back pain. The injured worker was diagnosed as having lumbar radiculopathy; chronic pain syndrome; degeneration of lumbar intervertebral disc; lumbar post-laminectomy syndrome; osteoarthritis of knee; and neurogenic claudication. Treatment to date has included medications, surgical intervention, physical therapy, and home exercise program. Medications have included Norco, Oxycodone, Valium, and Gabapentin. On 02/12/2015, the treating provider documented a follow-up visit with the injured worker. Currently, the injured worker complains of low back pain with right radicular pain; inability to obtain medication and the withdrawal and increased pain she is experiencing as a result; and she feels unable to function without consistent use of her medication. Objective findings included the need for counseling and education on pain management skills and coping mechanisms. The treating provider's plan of care included psychology referral, continuation of prescription medications and home exercise program, and follow-up evaluation. Request is being made for Gabapentin 100 mg; Oxycodone 30 mg; and Oxycodone 30 mg (do not fill 3/12/2015).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 100mg:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic medication Page(s): 16-18.

**Decision rationale:** A prior physician review states that Neurontin should only be continued if there is documentation of functional benefit including at least 30% pain improvement. However, MTUS is not this specific or restrictive other than in very general terms of a possible goal. The guideline states that the documentation in the record should discuss benefits vs. side effects of this medication class. This guideline has been met; the request is medically necessary.

**Oxycodone 30mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Opioids for Chronic Pain Page(s): 78, 80.

**Decision rationale:** MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall, for which ongoing opioid use is supported. Therefore, this request is not medically necessary.

**Oxycodone 30mg (do not fill 3/12/2015):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Opioids for Chronic Pain Page(s): 78, 80.

**Decision rationale:** MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall, for which ongoing opioid use is supported. Therefore, this request is not medically necessary.