MAXIMUS Federal Services

Case Number:	CM15-0045802		
Date Assigned:	03/18/2015	Date of Injury:	01/20/2009
Decision Date:	04/24/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/10/2015

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: Internal 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 a 38 year old male who sustained an industrial injury on 01/20/2009. Diagnoses include chronic persistent intractable low back pain with lower extremity radiculopathy and weakness, lumbar disc degeneration, status post L4-L5 disc arthroplasty as well as status post L5-S1 anterior lumbar interbody fusion, compensatory knee pain secondary to his chronic intractable low back pain, headache possible due to elevated blood pressure, chronic pain syndrome, chronic opioid therapy, and insomnia secondary to pain. Treatment to date has included surgery, diagnostic studies, medications, and 3 weeks of a functional restoration program, lumbar epidural injections, and physical therapy. A physician progress note dated 03/15/2015 documents the injured worker does continue to exhibit pain improving and functional improvement with the combination of the Morphine IR and Gabapentin. The Morphine is used for his nociceptive pain and the Gabapentin is use for his neuropathic pain. The injured worker quantifies on a visual analog scale a pain score of 6 out of 10 with the use of medications and without medications pain would be 10 out of 10. This demonstrates up to a 40% improvement in pain level with the medications. He does demonstrate functional improvement in which he has significant improvement in his activates of daily living. The injured worker has made attempts in weaning of medication; however this has led to an increase in pain and decrease in function. Treatment requested is for Gabapentin 600mg # 90, and Morphine instant release (IR) 15mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine instant release (IR) 15mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. Do not attempt to lower the dose if it is working. Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The treating physician's progress report dated 2/06/15 documented that the patient remains symptomatic with low back pain that radiates into both lower extremities. He notes severe weakness in his left lower extremity. He has sustained multiple falls. He continues to have significant weakness in his left lower extremity. The patient has undergone L5-S1 anterior lumbar interbody fusion April 2010 with L4-L5 disc arthroplasty. He has been treated postoperatively with physical therapy and with medication management. For pain control, the patient has been prescribed Morphine ER 30 mg every 12 hours for baseline pain relief in addition to Morphine IR 15 mg up to four times a day if needed for breakthrough pain. Diagnoses included chronic persistent intractable low back pain with lower extremity radiculopathy and weakness, multilevel lumbar degenerative disc disease, status post L4-L5 disc arthroplasty and L5-S1 anterior lumbar interbody fusion April 2010. Analgesia, activities of daily living, and aberrant behaviors were addressed. No adverse side effects were reported. Medical records document objective physical examination findings. Medical records document regular physician clinical evaluations and monitoring. The request for Morphine IR 15 mg is supported by the MTUS guidelines. Therefore, the request for Morphine IR 15 mg is medically necessary.

Gabapentin 600mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page 18-19.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that Gabapentin (Neurontin) is considered as a first-line treatment for neuropathic pain. Gabapentin should not be abruptly discontinued. The treating physician's progress report dated 2/06/15 documented that the patient remains symptomatic with low back pain that radiates into both lower extremities. He notes severe weakness in his left lower extremity. He has sustained multiple falls. He continues to have significant weakness in his left lower extremity. The patient has undergone L5-S1 anterior lumbar interbody fusion April 2010 with L4-L5 disc arthroplasty. He has been treated postoperatively with physical therapy and with medication management. He continues to utilize Gabapentin 600 mg three times a day for neuropathic pain. Diagnoses included chronic persistent intractable low back pain with lower extremity radiculopathy and weakness, multilevel lumbar degenerative disc disease, status post L4-L5 disc arthroplasty and L5-S1 anterior lumbar interbody fusion April 2010. The medical records documented neuropathic pain. Per MTUS, Gabapentin (Neurontin) is considered as a first-line treatment for neuropathic pain. The medical records and MTUS guidelines support the medical necessity of Gabapentin. Therefore, the request for Gabapentin is medically necessary.