

Case Number:	CM15-0047917		
Date Assigned:	03/19/2015	Date of Injury:	12/27/2000
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/13/2015

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 65-year-old female who sustained in industrial injury on 12/27/00. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies were not discussed. Current complaints include severe low back pain. In a progress note dated 02/11/15, the treating provider reports the plan of care as Tylenol #3, gabapentin, and Colace, as well as a Pain Management consultation for a lumbar Epidural Steroid Injection. The requested treatments are Tylenol #3 and gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient apap/codeine 300/30 mg, quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: Per the 02/11/15 report, the patient presents with severe lower back pain with radiation to the lower extremities along with persistent neck pain with numbness and pins and needles sensation. The patient's listed diagnoses include: cervical spine and multilevel lumbar discopathy. The current request is for OUTPATIENT APAP/CODEINE 300/30 mg, QUANTITY 90. The RFA is not included; however, the 03/03/15 utilization review states it is dated 12/03/14. The reports do not state if the patient is currently working. MTUS Guidelines pages 88 and 89 state, "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 4A's (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. Per the 08/27/14 report, the patient was started on Tylenol #3 due to side effects of Norco. Pain is routinely assessed through the use of pain scales and is rated 8-10/10 on 08/27/14 and 7/10 on 02/11/15. However, the reports do not state if this is pain with or without medications. The 11/05/14 report states that this medication as part of the patient's medication regimen helps the patient. However, the MTUS guidelines require much more thorough documentation of analgesia with before and after pain scales and functional improvements with opioid usage. No specific ADL's are mentioned to show a significant change with use of this medication. Opiate management issues are not addressed. There is no discussion of adverse side effects in recent reports or of adverse behavior. No UDS's are provided for review or documented. There is no mention of CURES. In this case, the 4A's have not been documented as required by the MTUS guidelines for long-term opioid use. The request IS NOT medically necessary.

Gabapentin 600 mg, quantity 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18-19.

Decision rationale: Per the 02/11/15 report, the patient presents with severe lower back pain with radiation to the lower extremities along with persistent neck pain with numbness and pins and needles sensation. The patient's listed diagnoses include: cervical spine and multilevel lumbar discopathy. The current request is for GABAPENTIN 600mg QUANTITY 60. The RFA is not included; however, the 03/03/15 utilization review states it is dated 12/03/14. The reports do not state if the patient is currently working. MTUS has the following regarding Gabapentin (MTUS pg. 18,19) Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The reports provided for review show that this medication has been prescribed since before 08/27/14, and that use is intended for this patient's neuropathic pain. The 11/05/14 report states that Gabapentin helps the patient. The MTUS guidelines state that Gabapentin is indicated as a first line treatment for neuropathic pain. The request IS medically necessary.

