MAXIMUS Federal Services

Case Number:	CM15-0083310		
Date Assigned:	05/28/2015	Date of Injury:	09/25/1995
Decision Date:	06/25/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	04/30/2015

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: Preventive Medicine, Occupational 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 60-year-old male, who sustained an industrial injury on 9/25/1995. The mechanism of injury was not noted. The injured worker was diagnosed as having adjacent stenosis at L2-L3, with history of L2-L3 and S1 fusion. Treatment to date has included multiple spinal surgeries (most recent lumbar 6/2014), diagnostics, consultations, and medications. Magnetic resonance imaging of the lumbar spine (10/20/2014) noted interval hemilaminectomy in the right L2-3, with resection of the extruded disc fragment, without evidence of recurrent disc extrusion, and a small non-specific fluid collection at the laminectomy site. No other significant changes were noted. Computerized tomography of the lumbar spine (12/02/2014) showed multi-level lumbar spondylosis, with mild central spinal stenosis L2-3, and probable impingement of the exiting L2 nerve roots bilaterally, and the exiting right L3 nerve root. Currently, the injured worker complains of low back pain, usually rated a constant 8/10. His pain levels were consistent for several months. He was awaiting multi-level lumbar decompression surgery, scheduled for 4/24/2015. His physical exam appeared unchanged. The treatment plan included continued medications with short acting Oxycodone and Morphine Sulfate (MSIR), Zanafex, Valium, and Gabapentin. It was documented that he would need something for post-operative pain, and Hydromorphone was prescribed. Gabapentin is being initiated on a trial basis. A 30% improvement in pain and ADL improvement is reported as a result of the Opioid use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 400mg #90 with 3 refills: Overturned

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

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

Decision rationale: MTUS Guidelines support at least a trial of Gabapentin for neuropathic pain syndromes, which this individual has. The documentation indicates that Lyrica was recently discontinued and Gabapentin is to be trialed in its place. It is assumed that if the Gabapentin is not beneficial the refills will not be utilized and this can be re-reviewed if there is no evidence of meaningful benefit. Under these circumstances, Guidelines support at least a trial of Gabapentin. The Gabapentin 400mg. #90 with 3 refills is medically necessary.

Morphine sulfate 15mg #120 with 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: MTUS Guidelines support the careful use of opioids if there is meaningful pain relief, functional benefits and a lack of drug related behaviors. This individual meets these criteria. An improvement of 2 scales on the VAS score is reported secondary to opioid use (30%). It is also clearly documented that this amount of pain relief allows for improved daily activity levels that are documented in detail. No aberrant behaviors are evident. Under these circumstances, the Morphine Sulfate 15mg #120 with 3 refills is supported by Guidelines and is medically necessary.

Oxycodone 10mg #120 with 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: MTUS Guidelines support the careful use of opioids if there is meaningful pain relief, functional benefits and a lack of drug related behaviors. This individual meets these criteria. For severe pain, Guidelines support a combination of short and long acting opioids. An improvement of 2 scales on the VAS score is reported secondary to opioid use (30%). It is also clearly documented that this amount of pain relief allows for improved daily activity levels that are documented in detail. No aberrant behaviors are evident. Under these circumstances, the Oxycodone 10mg 120 with 3 refills is supported by Guidelines and is medically necessary.