

Case Number:	CM15-0086926		
Date Assigned:	05/11/2015	Date of Injury:	04/01/2000
Decision Date:	06/12/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/06/2015

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's date of birth was not documented. She had a reported date of injury of 04/01/2000. The diagnoses include lumbar intervertebral disc disorder with myelopathy. Treatments to date have included oral medications. The medical report dated 04/23/2015 was handwritten and somewhat illegible. The report indicates that the injured worker had a painful low back. She rated the pain 3 out of 10 with pain management. The objective findings include mild muscle spasm, negative straight leg raise, and no change in reflex. The treating physician requested Gabapentin 600mg #90 with three refills and Morphine SUL 60mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin (Neurontin) 600 mg Qty 90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin, medications for chronic pain Page(s): 18-19, 60.

Decision rationale: Based on the 04/03/15 progress report provided by treating physician, the patient presents with low back pain rated 3/10. The request is for GABAPENTIN (NEURONTIN) 600MG QTY 90 WITH 3 REFILLS. RFA not provided. Patient's diagnosis on 04/03/15 included lumbar region intervertebral disc disorder with myelopathy. Physical examination to the lumbar spine on 04/03/15 revealed mild muscle spasm, negative straight leg raise, and no change in reflex. Patient's medications include MS Contin, Norco, Soma and Gabapentin, per progress report received with 02/26/15 date. The patient is retired on disability, per 04/03/15 report. Treatment reports were provided from 02/26/15 - 04/03/15. MTUS has the following regarding Gabapentin on 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." Progress reports were handwritten and difficult to interpret. Treater has not provided reason for the request. In this case, patient's injury dates back to 04/01/2000. It is not known when Gabapentin was initiated. It appears patient has been prescribed Gabapentin at least since 02/26/15, which is almost 2 months from UR date of 04/20/15. Given patient's symptoms and diagnosis, Gabapentin would appear to be indicated. However, treater has not provided medical rationale for the request, nor discussed medication efficacy. MTUS page 60 states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Therefore, the request IS NOT medically necessary.

Morphine SUL (sulphate) 60 mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88-89, 76-78.

Decision rationale: Based on the 04/03/15 progress report provided by treating physician, the patient presents with low back pain rated 3/10. The request is for MORPHINE SUL (SULFATE) 60MG QTY 120. RFA not provided. Patient's diagnosis on 04/03/15 included lumbar region intervertebral disc disorder with myelopathy. Physical examination to the lumbar spine on 04/03/15 revealed mild muscle spasm, negative straight leg raise, and no change in reflex. Patient's medications include MS Contin, Norco and Gabapentin, per progress report received with 02/26/15 date. The patient is retired on disability, per 04/03/15 report. Treatment reports were provided from 02/26/15 - 04/03/15. MTUS Guidelines pages 88 and 89 states, "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 4As (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. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Progress reports were handwritten and difficult to interpret. Treater has not provided reason for the request. In this case, patient's injury dates back to 04/01/2000. It is not known when Morphine Sulfate was initiated. It appears patient has been prescribed MS Contin at least

since 02/26/15, which is almost 2 months from UR date of 04/20/15. In this case, treater has not stated how Morphine Sulfate reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. MTUS states that "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No UDS's, opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.