

Case Number:	CM15-0088594		
Date Assigned:	07/16/2015	Date of Injury:	03/25/2008
Decision Date:	09/10/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/08/2015

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: Arizona, Michigan

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 59 year old male, who sustained an industrial injury on 03/25/2008. He has reported subsequent low back pain and was diagnosed with lumbar disc degeneration, foraminal stenosis bilaterally and status post lumbar interbody fusion of L4-L5. Treatment to date has included medication, physical therapy and surgery. Documentation shows that Gabapentin was prescribed to the injured worker as far back as 11/12/2012. In a progress note dated 03/06/2015, the injured worker reported a great deal more pain. The location and severity of pain was not documented. No objective examination findings were documented. The physician noted that Cymbalta and Gabapentin had recently been tapered and discontinued and that this was likely the cause of the increased pain. The physician noted that Gabapentin 300 mg by mouth twice a day and at the hour of sleep would be restarted and that a brief supply of Hydrocodone would be given until the medication changes take effect. Work status was not discussed in the recent progress notes. A request for authorization of Gabapentin 300 mg and unknown prescription for Hydrocodone was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-22.

Decision rationale: As per CA MTUS guidelines, anti-epilepsy drugs are recommended for neuropathic pain. A good response has been defined as 50% reduction in pain and a moderate response has been defined as a 30% reduction in pain. Gabapentin has been shown as effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and is considered a first line treatment for neuropathic pain. As per MTUS, "after initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects." The documentation submitted shows that Gabapentin had been prescribed to the injured worker as far back as 11/12/2012 and was then discontinued on 01/14/2015. There was no documentation of significant pain reduction, objective functional improvement or improved quality of life with use of this medication. The severity of pain was not documented and there was no documentation of a change in work status or improvement with performance of daily activities. In addition, the most recent progress notes do not contain objective examination findings. The documentation is insufficient to support the request to restart Gabapentin. Therefore, the request for Gabapentin is not medically necessary.

Unknown prescription for Hydrocodone: Upheld

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

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

Decision rationale: According to the CA MTUS, Hydrocodone is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. Before initiating opioid therapy there must be baseline pain and functional assessments using a validated instrument or numerical rating scale, a psychosocial assessment should be performed, there must be a failure of non-opioid analgesics and goals should be set. The documentation submitted did not indicate the severity of the injured worker's pain, nor was there any indication that the injured worker had failed treatment with other first line therapeutic agents. There was no description of goals or documentation of any psychosocial assessment. In addition, there was no dosage or frequency for Hydrocodone listed on the progress note or on the request for authorization. Medical necessity of the requested item has not been established. Therefore, the request for authorization of Hydrocodone is not medically necessary.