

Case Number:	CM15-0089610		
Date Assigned:	05/14/2015	Date of Injury:	01/15/2002
Decision Date:	06/23/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/11/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 75 year old male, who sustained an industrial injury on January 15, 2002. The injury occurred as a result of a fall from a tree. The injured worker sustained a right ankle fracture and a low back injury. The diagnoses have included lumbar degenerative disc disease, lumbar radiculopathy, lumbar spondylolisthesis, chronic opioid therapy, intractable low back pain, right ankle fracture, insomnia, depression and situational stress. Treatment to date has included medications, radiological studies, epidural steroid injections, chiropractic treatments, a home exercise program and right ankle surgery. Current documentation dated March 20, 2015 notes that the injured worker reported chronic low back pain and low extremity pain. The injured worker was noted to be able to sit, stand and walk for fifteen to twenty minutes secondary to the pain. Examination showed the injured worker to be fatigued and uncomfortable appearing with a depressed affect and a very antalgic gait. The treating physician's plan of care included a request for the medications MS Contin 15 mg #60 and Gabapentin 300 mg #90 with three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids for chronic pain Page(s): 80.

Decision rationale: The CA MTUS states that opioids have been suggested for neuropathic pain that has not responded to first-line recommendations (antidepressants and antiepilepsy drugs). This patient is on chronic Gabapentin, however there is no evidence of failure of antidepressants. The request is for MS Contin, a potent narcotic with significant side effects, especially in an elderly patient. Opioids are generally recommended for short-term use, however can be used long-term if there is evidence of improved pain control, functional improvement and ability to return to work. The records demonstrate no improved functional capacity or ability to work and his pain is rated as 10/10 on the MS Contin. Therefore, criteria for long-term use of opioids is not met and the request is not medically necessary or appropriate.

Gabapentin 300mg, #90, 3 refills: Upheld

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

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

Decision rationale: The CA MTUS Guidelines states that the documentation of neuropathic pain is necessary to support the medical necessity of Gabapentin. According to the medical information submitted for review, the patient has not received any pain relief or functional improvement from the prescription of Gabapentin. In fact, while taking MS Contin and Gabapentin, he states his pain is at a 10/10 level, indicating the ineffectiveness of these medications. Therefore, based on the guidelines and a review of the evidence, the request for Gabapentin is not medically necessary.