

Case Number:	CM15-0233602		
Date Assigned:	12/09/2015	Date of Injury:	02/28/1975
Decision Date:	01/15/2016	UR Denial Date:	11/14/2015
Priority:	Standard	Application Received:	11/30/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 62 year old male, who sustained an industrial injury on 2-28-75. Medical records indicate that the injured worker is undergoing treatment for chronic low back pain and status-post lumbar fusion. The injured worker is currently working. On (10-27-15) the injured worker complained of worsening low back pain with radiation to the left lower extremity. Associated symptoms included numbness and the leg giving out. The pain was rated 8 out of 10 with medications and 10 out of 10 without medications on the visual analog scale. The injured worker was noted to have difficulty arising from a seated position and walked with a walking stick. The injured worker had pain down the entire left leg. A straight leg raise test was positive on the left. Weakness was noted with toe walk and heel walk. Treatment and evaluation to date has included medications, physical therapy, transcutaneous electrical nerve stimulation unit, a home exercise program and lumbar fusion surgery. The injured worker noted that he had used a transcutaneous electrical nerve stimulation unit prior to surgery in 2010 and it would relieve the symptoms significantly. Current medications include OxyContin (since at least December of 2014), Neurontin 300mg (since at least July of 2015) and Percocet. The Neurontin was noted to help with the paresthesias by about 30% and the Percocet and OxyContin decreased the injured workers pain levels allowing him to work. The Request for Authorization dated 11-5-15 included request for Neurontin 300mg #90 with 1 refill, OxyContin 20mg #60 and a transcutaneous electrical nerve stimulation unit. The Utilization Review documentation dated 11-14-15 modified the requests for Neurontin 300mg #90 (original request #90 with 1 refill), OxyContin 20mg #45

(original request #60) and a transcutaneous electrical nerve stimulation unit, 1 month trial (original request one transcutaneous electrical nerve stimulation unit).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TENS (transcutaneous electrical nerve stimulation) unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The claimant has a remote history of a work injury in February 1975. He underwent an L4/5 decompression with L5/S1 fusion in 2010. In July 2015 he was having increased low back pain and increased left lower extremity numbness and pain. He had been unable to work for 5 days. He had been tolerating Neurontin at 300 mg and the dose was increased. Medications were OxyContin 20 mg two times per day, Percocet 10/325 mg 6 times per day, and Neurontin 400 mg three times per day. In October 2015 medications were decreasing pain from 10/10 to 8/10 and he was continuing to work. The claimant had used a TENS unit prior to surgery in 2010 which is described as nonfunctional and a replacement unit had been recommended by his physical therapist. Physical examination findings included difficulty arising from a seated position. There was lower extremity weakness and he was using a walking stick. Left straight leg raising was positive. Gabapentin was helping with paresthesias by 30% and was continued. The dose was 300 mg three times per day. Percocet and OxyContin were continued at a total MED (morphine equivalent dose) of 150 mg per day. A replacement TENS unit was requested. In this case, the use of TENS is supported. However, the reason that the claimant's TENS unit is not working is not adequately documented. Low cost basic TENS units are available for home use and supplies such as electrodes and leads can be reused many times. Replacing the claimant's TENS unit would not fix a problem caused by a broken lead or by pads that need to be replaced. If the unit needs to be replaced, then another one month trial including how often the unit was used, as well as outcomes in terms of pain relief should be considered. Without identifying the reason the claimant's unit is not working, replacing it is not medically necessary.

1 Prescription of Oxycontin 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury in February 1975. He underwent an L4/5 decompression with L5/S1 fusion in 2010. In July 2015 he was having

increased low back pain and increased left lower extremity numbness and pain. He had been unable to work for 5 days. He had been tolerating Neurontin at 300 mg and the dose was increased. Medications were OxyContin 20 mg two times per day, Percocet 10/325 mg 6 times per day, and Neurontin 400 mg three times per day. In October 2015 medications were decreasing pain from 10/10 to 8/10 and he was continuing to work. The claimant had used a TENS unit prior to surgery in 2010 which is described as nonfunctional and a replacement unit had been recommended by his physical therapist. Physical examination findings included difficulty arising from a seated position. There was lower extremity weakness and he was using a walking stick. Left straight leg raising was positive. Gabapentin was helping with paresthesias by 30% and was continued. The dose was 300 mg three times per day. Percocet and OxyContin were continued at a total MED (morphine equivalent dose) of 150 mg per day. A replacement TENS unit was requested. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level, and weaning of the currently prescribed medications is not being actively done. Ongoing prescribing at this dose is not medically necessary.

1 Prescription of Neurontin 300mg #90 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The claimant has a remote history of a work injury in February 1975. He underwent an L4/5 decompression with L5/S1 fusion in 2010. In July 2015 he was having increased low back pain and increased left lower extremity numbness and pain. He had been unable to work for 5 days. He had been tolerating Neurontin at 300 mg and the dose was increased. Medications were OxyContin 20 mg two times per day, Percocet 10/325 mg 6 times per day, and Neurontin 400 mg three times per day. In October 2015 medications were decreasing pain from 10/10 to 8/10 and he was continuing to work. The claimant had used a TENS unit prior to surgery in 2010 which is described as nonfunctional and a replacement unit had been recommended by his physical therapist. Physical examination findings included difficulty arising from a seated position. There was lower extremity weakness and he was using a walking stick. Left straight leg raising was positive. Gabapentin was helping with paresthesias by 30% and was continued. The dose was 300 mg three times per day. Percocet and OxyContin were continued at a total MED (morphine equivalent dose) of 150 mg per day. A replacement TENS unit was requested. Neurontin (gabapentin) has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of at least 1200 mg per day. After initiation of treatment there should be documentation of pain relief and improvement in function. In this case, although the claimant's gabapentin dosing is less than that recommended, there is reported efficacy. A higher dose had been prescribed previously and another titration to at least 1200 mg per day should be considered. Ongoing prescribing is medically necessary.

