

Case Number:	CM15-0242806		
Date Assigned:	12/21/2015	Date of Injury:	07/15/2010
Decision Date:	01/25/2016	UR Denial Date:	12/01/2015
Priority:	Standard	Application Received:	12/11/2015

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: Arizona, California
 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 a 52 year old male, who sustained an industrial injury on 07-15-2010. He has reported injury to the low back. The diagnoses have included back pain, lumbar; lumbar degenerative disc disease; lumbar radiculopathy; knee pain; and chronic pain syndrome. Treatment to date has included medications, diagnostics, ice, lumbar facet injections, physical therapy, and home exercise program. Medications have included Ibuprofen, OxyContin, Roxicodone, Neurontin, Flexeril, Prozac, and Trazodone. A progress report from the treating physician, dated 11-23-2015, documented an evaluation with the injured worker. The injured worker reported pain in the left leg and bilateral low back; the pain is constant and described as sharp, electrical; the pain is made worse by lifting, sitting, stress, standing, twisting, and no sleep; the pain is made better by sleep, medication, nerve blocks, ice, and physical activity-exercise; in the last month, the least pain is rated at 3 out of 10 in intensity, average pain is rated 6 out of 10 in intensity, and the worst pain is rated at 8 out of 10 in intensity; the pain is worse at nighttime; he can tolerate a pain level of 4 out of 5; and the current medication regimen continues to be helpful in increasing daily function without causing intolerable side effects. Objective findings included he is in no acute distress; he transfers independently, no assistive devices used; he is alert and cooperative; and has normal attention span and concentration. The treatment plan has included the request for POS Gabapentin tab 600mg supply: 30 quantity: 90 refills: 0; and Oxycodone tab 15mg supply: 30; quantity: 120; refills: 0. The original utilization review, dated 12-01-2015, non-certified the request for POS Gabapentin tab 600mg supply: 30 quantity: 90 refills: 0; and Oxycodone tab 15mg supply: 30; quantity: 120; refills: 0.

IMR ISSUES, DECISIONS AND RATIONALES

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

POS Gabapentin tab 600mg Supply: 30 QYT 90 refills 0: 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): Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation BMJ. 2015 Apr 16;350:h1748. doi: 10.1136/bmj.h1748. Epidural steroid injections compared with gabapentin for lumbosacral radicular pain: multicenter randomized double blind comparative efficacy study. Cohen SP1, Hanling S2, Bicket MC3, White RL4, Veizi E5, Kurihara C6, Zhao Z7, Hayek S8, Guthmiller KB9, Griffith SR10, Gordin V11, White MA12, Vorobeychik Y13, Pasquina PF14. J Back Musculoskelet Rehabil. 2009;22(1):17-20. doi: 10.3233/BMR-2009-0210. Gabapentin monotherapy in patients with chronic radiculopathy: the efficacy and impact on life quality. Yildirim K1, Deniz O, Gureser G, Karatay S, Ugur M, Erdal A, Senel K.

Decision rationale: According to the MTUS guidelines: Gabapentin (Neurontin) 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. Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does have radiculopathy and has been on Gabapentin for several months. Although it may be beneficial, the response to this medication was not provided. Long-term use is not recommended. Future need cannot be predicted. As a result, the request for additional Gabapentin with numerous refills as noted above is not medically necessary.

Oxycodone tab 15mg Supply: 30 QTY: 20 Refills 0: 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 for chronic pain, Opioids for neuropathic pain.

Decision rationale: Oxycodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Oxycodone for several months in combination with Oxycontin without significant improvement in pain scores. Long-term use of short acting opioids is not recommended. Continued use is not medically necessary.