

Case Number:	CM14-0130571		
Date Assigned:	08/20/2014	Date of Injury:	11/12/1998
Decision Date:	09/24/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/15/2014

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 an 83-year-old female who reported an injury on 11/12/1998. The mechanism of injury was not provided. On 05/27/2014, the injured worker presented with low back pain. Current medications included Ambien, Gabapentin, Hydrocodone, Lidoderm, Nitro-Dur, and Ultracet. There was no physical examination recorded. The diagnoses were lumbosacral radiculitis, displacement of lumbar intervertebral disc without myelopathy, degenerative of lumbar intervertebral disc and spondylosis without myelopathy. The provider recommended Hydrocodone/Acetaminophen, Gabapentin, and Ultracet. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-Acetaminophen 5/325mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for Hydrocodone-Acetaminophen 5/325mg #30 with 2 refills is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. The efficacy of the prior use of the medication has not been provided. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

Gabapentin 400mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Antiepilepsy Drugs Page(s): 18.

Decision rationale: The request for Gabapentin 400mg #90 with 3 refills is not medically necessary. The California MTUS Guidelines note that relief of pain with the use of medication is generally temporary. Measures of lasting benefit for this modality should include evaluating the effective pain relief in relationship to improvement in function and increased activity. Guidelines note Gabapentin 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 phantom pain. There is no mention of muscle weakness or numbness which would indicate neuropathy. It does not appear the injured worker had a diagnosis congruent with the guideline recommendation of Gabapentin. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

Ultracet 37.5mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 84.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for Ultracet 37.5mg #60 with 2 refills is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. The efficacy of the prior use of the medication has not been provided. Additionally, the provider's request does not

indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.