

Case Number:	CM14-0134526		
Date Assigned:	08/27/2014	Date of Injury:	12/07/1999
Decision Date:	10/23/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/20/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 55-year-old male with a date of injury of 12/07/1999. The listed diagnoses per [REDACTED] are: 1. Chronic pain syndrome; 2. Degeneration of lumbar or lumbosacral intervertebral disk; 3. Thoracic or lumbosacral neuritis and radiculitis; 4. Lumbar facet joint pain. According to progress report 07/29/2014, the patient presents with low back pain. The pain is rated as 2/10 with medication. Without medication, pain level is rated around 4/10. The patient reports medications have been "beneficial for pain relief." The patient denies any side effects and is currently not working. Examination of the lumbar spine revealed tenderness and spasm across the lumbosacral area. There is 20% to 30% restriction of flexion and extension. The patient has degenerative disk disease at L4-L5 with occasional lumbar radiculopathy down the leg. The treating physician is requesting gabapentin 300 mg #60, Norco 10/325 mg #90, lorazepam 1 mg #30, and Celebrex 200 mg #30. Utilization review denied the request on 08/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300 mg 1 bid # 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drug (AED's) Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18,19.

Decision rationale: This patient presents with low back pain that radiates down the left leg. The treating physician is requesting a refill of gabapentin 300 mg #60. The MTUS Guidelines page 18 and 19 have the following regarding gabapentin, "gabapentin has been shown to be effective for treatment of diabetic, painful neuropathy, and postherpetic neuralgia and has been considered a first-line treatment for neuropathic pain." Review of the medical file indicates the patient has been prescribed gabapentin since at least 01/29/2014. Utilization review denied the request stating that radicular/peripheral neuropathic pain was not documented. In this case, the patient presents with low back pain that radiates into the left leg and the treating physician has consistently noted a decrease in pain level with gabapentin. Given the medication's efficacy and the patient's continued radicular pain, recommendation is that the request is medically necessary.

Norco 10/325 mg 1 tid # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use CRITERIA FOR USE OF OPIOIDS Page(s): 88-89, 78.

Decision rationale: This patient presents with low back pain that radiates into the left leg. The treating physician is requesting refill of Norco 10/325 mg #90. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates the patient has been prescribed Norco since at least 01/29/2014. The treating physician provides pain assessment utilizing a pain scale and notes a decrease in pain with medications. There is no documentation of specific functional improvement or outcome measures as required by MTUS. Furthermore, the treating physician does not provide a urine drug screen to monitor medications. There is no documentation that the patient has returned to work or an increase in ADLs or functional changes to warrant long-term use of opioids. Given the lack of sufficient documentation for opiate management, recommendation is that the request is not medically necessary.

Lorazepam 1 mg qhs prn, insomnia # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: This patient presents with low back pain that radiates into the left leg. The treating physician is requesting lorazepam 1 mg #30 for patient's continued complaints of insomnia. The MTUS Guidelines page 24 states "benzodiazepines are not recommended for long term use because long term efficacies are unproven and there is a risk of dependence." Review of the medical file indicates this is an initial prescription. A trial of benzo for treatment of anxiety may be indicated, but there is no discussion of anxiety in this patient. The treating physician is prescribing this medication for insomnia, but has not provided a rationale for its concurrent use with Ambien. Medical records indicate the patient has been taking Ambien since 01/29/2014 for the treatment of insomnia. Recommendation is that the request is not medically necessary.

Celebrex 200 mg 1 qd #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60, 61.

Decision rationale: This patient presents with low back pain that radiates into the left leg. The treating physician is requesting a refill of Celebrex 200 mg #30. Utilization review denied the request stating "long-term use may not be warranted due to renal, blood pressure, and cardiovascular side effects." For anti-inflammatory medications, the MTUS Guidelines page 22 states, "Anti-inflammatories are the first line of treatment to reduce pain, so activity and functional restoration can resume. The long term use may not be warranted." In this case, the treating physician indicates a decrease in pain level with current medication regimen which includes Celebrex. Given the patient's continued pain and efficacy of medications, recommendation is that the request is medically necessary.