

Case Number:	CM14-0166745		
Date Assigned:	10/13/2014	Date of Injury:	09/20/1995
Decision Date:	11/13/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/09/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 61-year-old male with a 9/20/95 date of injury. At the time (8/18/14) of request for authorization for 1 prescription of Valium 5mg #30 with 2 refills, 1 prescription of Gabapentin 600mg #90, and 1 prescription of Oxycontin 60mg #60, there is documentation of subjective (radiating low back pain and left knee pain) and objective (limited range of motion of the lumbar spine, positive straight leg raise, decreased lower extremity deep tendon reflexes, and diminished sensation in the L4, L5, and S1 dermatomes) findings, current diagnoses (lumbar spine degenerative disc disorder, muscle spasm, and post laminectomy syndrome), and treatment to date (H-wave and medications (including ongoing treatment with Norco, Oxycontin, and Gabapentin since at least 5/21/14)). Medical reports identify a decrease in pain level as a result of medication use and a Narcotic agreement. Regarding 1 prescription of Valium 5mg #30 with 2 refills, there is no documentation of the intention to treat over a short course (4 weeks). Regarding 1 prescription of Gabapentin 600mg #90, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Gabapentin use to date. Regarding 1 prescription of Oxycontin 60mg #60, there is no documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Oxycontin use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Valium 5mg, #30 with 2 refills: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. Within the medical information available for review, there is documentation of diagnoses of lumbar spine degenerative disc disorder, muscle spasm, and post laminectomy syndrome. However, given a documentation of a request for Valium 5mg #30 with 2 refills, there is no documentation of the intention to treat over a short course (4 weeks). Therefore, based on guidelines and a review of the evidence, the request for 1 prescription of Valium 5mg #30 with 2 refills is not medically necessary.

1 prescription of Gabapentin 600mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antiepilepsy drug (AEDs); Gabapentin;.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of Neurontin (gabapentin). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar spine degenerative disc disorder, muscle spasm, and post laminectomy syndrome. In addition, there is documentation of neuropathic pain. However, given documentation of ongoing treatment with Gabapentin since at least 5/21/14 and despite documentation of a decrease in pain level as a result of medication use, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Gabapentin use to date. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription of Gabapentin 600mg #90 is not medically necessary.

1 prescription of Oxycontin 60mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; criteria for use;.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Oxycodone Page(s): 74-80; 92.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time, as criteria necessary to support the medical necessity of Oxycontin. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Oxycontin. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar spine degenerative disc disorder, muscle spasm, and post laminectomy syndrome. In addition, given documentation of a Narcotic agreement, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. In addition, given documentation of ongoing treatment with Oxycontin since at least 5/21/14 and despite documentation of a decrease in pain level as a result of medication use, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Oxycontin use to date. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription of Oxycontin 60mg #60 is not medically necessary.