MAXIMUS Federal Services

Case Number:	CM14-0068670		
Date Assigned:	07/14/2014	Date of Injury:	11/30/2004
Decision Date:	09/22/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/13/2014

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 & Rehabilitation 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 a 51 year old male who reported an injury on 11/30/2004; the mechanism of injury was not provided. Diagnoses included chronic and worsening mechanical low back pain with radiating right greater than left L5 radiculopathy. Past treatment included a home exercise program and three epidural steroid injections. Diagnostic studies included an x-ray of the lumbar spine and an MRI of the lumbar spine. Surigcal history included L4-5 microlumbar discectomy in 2005. The injured worker rated his pain at 7/10. The clinical note dated 04/02/2014 indicated the injured worker had hypoesthesia in an L5 pattern, more along the left side compared to the right. He also had decreased strength to the bilateral lower extremeties, low back tension and pain upon palpation, and seated dural stretches caused leg pain. Medications included oxycontin 20 mg, percocet 10, gabapentin 600 mg, Cymbalta 20 mg, and Valium 5 mg. The treament plan included percocet and gabapentin. The rationale for treatment and the request for authorization form were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10 #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use of opioids Page(s): 76-80.

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

Decision rationale: The injured worker complained of chronic low back pain, referring pain to both legs, and distal leg weakness.The California MTUS Guidelines state that criteria for the ongoing management of opioid use includes ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines state that the pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and long pain relief lasts. Documentation should also include side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. There is no quantified evidence of pain relief after taking the medication. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The is no indication that the injured worker was assess for possible side effects or underwent urine drug screening. Furthermore, the request does not include indicators of time and frequency for taking the medication. Therefore the request for Percocet is found to be not medically necessary.

Gabapentin 60mg (5-6/day) with 5 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18-19.

Decision rationale: The injured worker complained of chronic low back pain, referring pain to both legs, and distal leg weakness. The California MTUS Guidelines state that gabapentin is recommended as a trial for patients with lumbar spinal stenosis, with statistically significant improvement in walking distance, decrease in pain with movement and sensory deficit found in a pilot study. A trial is recommended as three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. The injured worker has been taking gabapentin since at least 02/05/2014. There is a lack of documentation that the injured worker showed functional improvements while taking gabapentin. The request did not include appropriate parameters of time and frequency for taking the medication, only indicating 5-6 per day. Also the request included five refills, The request for refills would not be indicated as the efficacy of the medication should be assessed prior to providing additional medication. Therefore at this time the request for gabapentin is found to be not medically necessary.