

Case Number:	CM14-0099780		
Date Assigned:	09/23/2014	Date of Injury:	10/15/2011
Decision Date:	10/22/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/30/2014

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 Family Medicine 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:

This is a 57-year-old male who reported an industrial injury on 10/15/2011, three (3) years ago, attributed to the performance of his usual and customary job duties. The patient complains of low back pain with radiation to the right buttock, thigh, calf with numbness to the bilateral heels. The objective findings on examination included tenderness to the lumbar spine, bilateral lower extremity range of motion restricted; restricted range of motion to the lumbar spine; decreased sensation in the L5 dermatome. The patient has been treated with physical therapy, medications, and activity modifications and imaging studies. The patient has been prescribed Percocet 5/325 mg every four hours along with gabapentin 600 mg qid. The treating diagnoses included right L5 radiculopathy; lumbar spine post laminectomy syndrome; L5-S1 fusion; and failed back syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-306, Chronic Pain Treatment Guidelines opioids Page(s): 74-97. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine

(ACOEM), 2nd Edition, (2004) chapter 6 pages 114-16; Official Disability Guidelines (ODG) chapter on pain, opioids, criteria for use

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines section on Opioids; Ongoing Management recommends; "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." The medical records provided for review do not contain the details regarding the above guideline recommendations. The opportunity for weaning was provided. There is no objective evidence provided to support the continued prescription of opioid analgesics for the cited diagnoses and effects of the industrial claim. There is no documented sustained functional improvement. There is no medical necessity for opioids directed to chronic mechanical neck and back pain. The prescription for Percocet 5/325 mg #180 is being prescribed as opioid analgesics for the treatment of chronic back pain against the recommendations of the ACOEM Guidelines. There is no objective evidence provided to support the continued prescription of opioid analgesics for chronic back pain three (3) years after the initial DOI. There is no demonstrated medical necessity for the continuation of Percocet 5/325 mg #180 for chronic back pain. The chronic use of Oxycodone/Percocet is not recommended by the CA MTUS, the ACOEM Guidelines, or the Official Disability Guidelines for the long-term treatment of chronic pain and is only recommended as a treatment of last resort for intractable pain. The prescription of opiates on a continued long-term basis is inconsistent with the CA MTUS and the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic pain. The current prescription of opioid analgesics is not consistent with evidence-based guidelines based on intractable pain. The ACOEM Guidelines updated chapter on chronic pain states, "Opiates for the treatment of mechanical and compressive etiologies: rarely beneficial. Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs (as suggested by the WHO step-wise algorithm). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (70 days). This leads to a concern about confounding issues; such as, tolerance, opioid-induced hyperalgesia, long-range adverse effects, such as, hypogonadism and/or opioid abuse, and the influence of placebo as a variable for treatment effect." ACOEM guidelines state that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal and eye symptoms; they should be used only if needed for severe pain and only for a short time. The long-term use of opioid medications may be considered in the treatment of chronic musculoskeletal pain, if: The patient has signed an appropriate pain contract; Functional expectations have been agreed to by the clinician and the patient; Pain medications will be provided by one physician only; The patient agrees to use only those medications recommended or agreed to by the clinician. ACOEM also notes, "Pain medications are typically not useful in the subacute and chronic phases and have been shown to be the most important factor impeding recovery of function." There was no demonstrated medical necessity for the continuation of Percocet 5/325 mg #180 for the treatment of the effects of the industrial injury. Therefore the request is not medically necessary.

Gabapentin 600mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs; specific anti-epilepsy drugs gabapentin Page(s): 16; 18. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chronic pain chapter 8/8/2008 page 110; Official Disability Guidelines (ODG) pain chapter-medications for chronic pain

Decision rationale: The treating physician has prescribed gabapentin 600 mg #120 to the patient along with opioids for the treatment of neuropathic pain over a prolonged period of time with the documentation of efficacy noted in the ongoing clinical record. The treating physician has noted decreased pain with the use of gabapentin along with the opioids. There is documentation of functional improvement with the prescription of the gabapentin 600 mg qid. There is documented objective evidence of a nerve impingement radiculopathy and neuropathic pain. The patient is noted to have evidence of radiculopathy with Electrodiagnostic studies and the MRI imaging studies. The patient is demonstrated to have neuropathic pain for which Gabapentin has provided functional improvement. The patient is documented on examination to have neuropathic pain for which the patient has received functional benefits from the use of Gabapentin. The prescription of Gabapentin (Neurontin) was demonstrated to have been effective for the patient for the chronic pain issues. The treating physician has provided this medication for the daily management of this patient's chronic pain. The prescription of Gabapentin (Neurontin) is recommended for neuropathic pain; however, the ACOEM Guidelines. Gabapentin or pregabalin is not recommended for treatment of chronic, non- neuropathic pain by the ACOEM Guidelines. The ACOEM Guidelines revised chronic pain chapter states that there is insufficient evidence for the use of Gabapentin or Lyrica for the treatment of axial lower back pain; chronic lower back pain; or chronic lower back pain with radiculopathy. The CA MTUS and the Official Disability Guidelines state that there is insufficient evidence to support the use of Gabapentin or Lyrica for the treatment of chronic axial lower back pain. The prescription of Gabapentin for neuropathic pain was supported with objective findings on physical examination. There was objective evidence that the recommended conservative treatment with the recommended medications have been provided. The use of Gabapentin/Lyrica should be for neuropathic pain. Presently, there is documented objective evidence of neuropathic pain for which the use of Gabapentin is recommended. The patient has demonstrated neuropathic pain secondary to a nerve impingement neuropathy as neuropathic pain for which Gabapentin/Lyrica is recommended. The prescription of Gabapentin is recommended for neuropathic pain and is used to treat postherpetic neuralgia and painful polyneuropathy such as diabetic polyneuropathy. Anti-epilepsy drugs (AEDs) are recommended on a trial basis (Lyrica/gabapentin/pregabalin) as a first-line therapy for painful polyneuropathy such as diabetic polyneuropathy. The updated chapter of the ACOEM Guidelines does not recommend the use of Lyrica or Gabapentin (Neurontin) for the treatment of axial back pain or back pain without radiculopathy. The use of Gabapentin is for neuropathic pain; however, evidence based guidelines do not recommend the prescription of Gabapentin for chronic lower back pain with a subjective or objective radiculopathy and favors alternative treatment. The request for Gabapentin 600 mg #120 is demonstrated to be medically necessary.