

Case Number:	CM14-0213894		
Date Assigned:	12/31/2014	Date of Injury:	09/23/1995
Decision Date:	02/28/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47-year old female with date of injury 9/23/95. The treating physician's hand written (faily illegible) report dated 10/3/14 (34) indicates that the patient presents with increasing pain in the lower extremities including numbness and tingling, as well as weakness. The patient describes the "nerve pain" in her feet and low back with numbness in the legs. The physical examination findings reveal pain level is 6/10. Sitting is tolerated for 5 minutes, standing is tolerated for less than 5 minutes and walking is tolerated for less than 5 minutes. Patient requires a wheelchair for mobility. Prior treatment history includes medications. MRI findings were not included in the clinical history. The current diagnoses are: Failed back surgery syndrome, Morbid obesity, Long acting/short acting opioid therapy. The utilization review report dated 12/11/14 (43) denied the request for Gralise starter 300 and 600mg based on MTUS and modified the request for Oxycontin 80mg #120 and Oxycodone 30mg #120 to Oxycontin 80mg #90 and Oxycodone 30mg #90 based on MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gralise starter 300 and 600mg take per package directions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19, 49 & 113.

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

Decision rationale: The patient presents with increasing pain in the lower extremities including numbness and tingling, as well as weakness. The current request is for Gralise starter 300 and 600mg. The treating physician report dated 9/10/15 (30) states, "please consider this a request for authorization Gralise 600 mg one P.O. q a.m. #30, the patient suffers from intractable back and now right lower extremity neuropathic pain." MTUS states "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." In this case, the patient has been prescribed a trial of Gralise which is supported by MTUS. While the patient appears to require Gralise for the treatment of radicular pain, there is no quantity specified for this request. The UR physician authorized Gralise 600 mg one P.O. q a.m. #30 and this request is not a valid prescription. The current request is not medically necessary and the recommendation is for denial.

Oxycontin 80mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Long-Term Assessment Page(s): 78, 88-89.

Decision rationale: The patient presents with increasing pain in the lower extremities including numbness and tingling, as well as weakness. The current request is for Oxycontin 80mg #120. The treating physician report dated 9/10/15 (30) states, "a long discussion regarding the need to taper oral opioids to the lowest reasonable dose, the patient understands and agrees to decrease Oxycontin 80mg to one every 8 hours #90 and taper to the lowest reasonable dose". For chronic opiate use, MTUS Guidelines 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 also requires documentation of the 4As (analgesia, activities of daily living (ADLs), adverse side effects, and aberrant 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. In this case, the treating physician documented a treatment plan to wean the patient but the current request does not adhere to that plan. There is no documentation of before and after pain scales with opioid usage. There is no discussion regarding activities of daily living (ADLs) or functional improvements with opioid usage and there is no discussion regarding side effects or aberrant behaviors. The current request is not medically necessary and the recommendation is for denial.

Oxycodone 30mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Long-Term Assessment Page(s): 78, 88-89.

Decision rationale: The patient presents with increasing pain in the lower extremities including numbness and tingling, as well as weakness. The current request is for Oxycodone 30mg #120. The treating physician report dated 9/10/15 (30) states, "a long discussion regarding the need to taper oral opioids to the lowest reasonable dose, the patient understands and agrees." "Continue Oxycodone 30 mg for now one P.O. q 4 hours prn. four per day #120. These medications are for the patients intractable pain directly related to her industrial injuries". For chronic opiate use, MTUS Guidelines 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 also requires documentation of the 4As (analgesia, activities of daily living (ADLs), adverse side effects, and aberrant 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. In this case, the treating physician documented a treatment plan to wean the patient but the current request does not adhere to that plan. There is no documentation of before and after pain scales with opioid usage. There is no discussion regarding activities of daily living (ADLs) or functional improvements with opioid usage and there is no discussion regarding side effects or aberrant behaviors. The current request is not medically necessary and the recommendation is for denial.