

<b>Case Number:</b>	CM14-0216899		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	08/27/2007
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2014

### 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

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 76 year old female with an injury date of 08/27/07. Based on the 10/30/14 progress report provided by treating physician, the patient complains of moderate residual low back pain, radiating to both feet. Physical examination to the lower back on 10/30/14 revealed moderate tenderness to palpation to the paravertebral muscle and muscle spasms. Per progress report dated 06/26/14, range of motion was decreased, especially on extension 20 degrees. Based on progress report dated 12/04/14, treater states "... current medications improve her function and quality of life..." Per progress report dated 12/04/14, medications include Hydromorphone and Ibuprofen. Patient has been prescribed Hydromorphone from 06/26/14 and 12/04/14. Per progress report dated 12/04/14, prescription for Gabapentin was initiated. A urine drug screen was ordered per progress report dated 06/26/14. Toxicology report dated 06/30/14 reveals diluted urine, suggest repeat analysis on a freshly collected specimen. Progress reports were hand-written, illegible and difficult to interpret. Diagnosis 10/30/14- Low back pain- lumbar spine degenerative disc disease- lumbar spine stenosis. The utilization review determination being challenged is dated 12/11/14. The rationale follow:1) "...there is no documentation from the physician addressing the urine drug screen report that the sample is diluted..."2) "... there is no documentation of neuropathic pain..."Treatment reports were provided from 06/26/14 - 12/04/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydromorphone 2mg #90 as prescribed on 12/4/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78.

**Decision rationale:** The patient presents with moderate residual low back pain, radiating to both feet. The request is for Hydromorphone 2 mg # 90, as prescribed on 12/14/2014. Per progress report dated 12/04/14, medications include Hydromorphone and Ibuprofen. Patient has been prescribed Hydromorphone per progress reports dated 06/26/14 and 12/04/14. A urine drug screen was ordered per progress report dated 06/26/14. Toxicology report dated 06/30/14 reveals diluted urine, suggest repeat analysis on a freshly collected specimen. Progress reports were hand-written, illegible and difficult to interpret. MTUS Guidelines states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numeric 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. Per progress report dated 12/04/14, treater states "... current medications improve her function and quality of life..." However, treater fails to discuss specific examples of ADL's nor does he provide functional measures demonstrating significant improvement due to Hydromorphone. There are no numerical scales or validated instruments to address analgesia. Results of toxicology report are inconclusive due to urine sample being diluted, and there are no discussions regarding aberrant behavior. No opioid pain contract, or CURES reports, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary.

**Gabapentin 100mg #90 as prescribed on 12/4/14: Overturned**

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

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

**Decision rationale:** The patient presents with moderate residual low back pain, radiating to both feet. The request is for Gabapentin 100 mg # 90, as prescribed on 12/04/2014. Patient's diagnosis on 10/30/14 included lumbar spine degenerative disc disease, and lumbar stenosis. Per progress report dated 12/04/14, medications include Hydromorphone and Ibuprofen. Progress reports were hand-written and difficult to interpret. MTUS has the following regarding Gabapentin on page 18,19: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been

considered as a first-line treatment for neuropathic pain."Treater has not discussed reason for the request. Per progress report dated 12/04/14, it appears Gabapentin is being initiated, as there is no prior record indicating the use of this medicine. Given patient's radicular symptoms and diagnosis, the request appears reasonable. UR letter dated 12/11/14 states "... there is no documentation of neuropathic pain..." However, radicular symptoms indicate neuropathy, for which Gabapentin is indicated according to MTUS. Therefore, the request is medically necessary.