

Case Number:	CM14-0090966		
Date Assigned:	07/25/2014	Date of Injury:	01/10/2013
Decision Date:	08/20/2015	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/16/2014

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 injured worker is a 31 year-old female who sustained an industrial injury on 01/10/13. Diagnoses include sprain/strain thoracic region, sprain/strain hip/thigh, and sprain/strain of lumbar spine. Treatment included home exercise. In a progress noted dated 05/08/14 the treating provider reports the injured worker has complaints of neck, upper back pain, and lower back pain on the right. Physical examination findings showed the injured worker was sitting on the examining room table in no apparent distress and able to rise from a seated to standing position without difficulty. There was tenderness to palpation over the neck on movement, with palpable tenderness over the buttock and lower back. She had right-sided S1 and ileolumbar tenderness on palpation and flexion at the waist to knee and on extension. There were no neurological abnormalities. Treatment recommendation includes Gabapentin 100 mg #60 with 5 refills, Gabapentin 300 mg # with 5 refills, Norco 10/325 #20 with no refills, and Valium 5 mg #30 with no refills. Date of Utilization Review: 05/16/14

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 100mg, #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin anti-epilepsy drug (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs, Medications for chronic pain Page(s): 18-19, 60.

Decision rationale: The patient was injured on 01/10/13 and presents with neck pain and upper back pain. The request is for GABAPENTIN 100 MG #60 WITH 5 REFILLS. The RFA is dated 06/05/14 and the patient's recent work status is not provided. The patient has been taking this medication as early as 04/10/14. MTUS Guidelines page 18 and 19 revealed the following regarding gabapentin, "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post therapeutic neuralgia and has been considered a first-line treatment for neuropathic pain." MTUS page 60 also states, "A record of pain and function with the medication should be recorded when medications are used for chronic pain." The patient has palpable tenderness over the buttock and lower back, right sided SI and iliolumbar tenderness on palpation and flexion at the waist to knee and on extension. She is diagnosed with sprain/strain thoracic region, sprain/strain hip/thigh, and sprain/strain of lumbar spine. The 06/28/14 agreed medical evaluation states that the patient rates her pain as a 2-3/10 at its best and an 8/10 at its worst. The treater does not specifically discuss efficacy of Gabapentin on any of the reports provided. MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. Due to lack of documentation, the requested Gabapentin IS NOT medically necessary.

Gabapentin 300mg, #30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin anti-epilepsy drug (AEDs).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Anti-epilepsy drugs, Medications for chronic pain Page(s): 18-19, 60.

Decision rationale: The patient was injured on 01/10/13 and presents with neck pain and upper back pain. The request is for GABAPENTIN 300 MG #30 WITH 5 REFILLS. The RFA is dated 06/05/14 and the patient's recent work status is not provided. The patient has been taking this medication as early as 04/10/14. MTUS Guidelines page 18 and 19 revealed the following regarding gabapentin, "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post therapeutic neuralgia and has been considered a first-line treatment for neuropathic pain." MTUS page 60 also states, "A record of pain and function with the medication should be recorded, when medications are used for chronic pain." The patient has palpable tenderness over the buttock and lower back, right sided SI and iliolumbar tenderness on palpation and flexion at the waist to knee and on extension. She is diagnosed with sprain/strain thoracic region, sprain/strain hip/thigh, and sprain/strain of lumbar spine. The 06/28/14 agreed medical evaluation states that the patient rates her pain as a 2-3/10 at its best and an 8/10 at its worst. The treater does not specifically discuss efficacy of Gabapentin on any of the reports provided. MTUS Guidelines page 60 states that when medications are used for chronic pain,

recording of pain and function needs to be provided. Due to lack of documentation, the requested Gabapentin IS NOT medically necessary.

Norco 10/325mg, #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use; Weaning of Medications, Opioids for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89, 80.

Decision rationale: The patient was injured on 01/10/13 and presents with neck pain and upper back pain. The request is for NORCO 10/325 #20. The RFA is dated 06/05/14 and the patient's recent work status is not provided. The patient has been taking this medication as early as 05/08/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical 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." MTUS page 98 also continues to state that the maximum dose of hydrocodone is 60 mg per day. Pages 80, 81 of MTUS also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." The patient has a CURES report dated 06/26/14 and is consistent for medications. The 06/28/14 agreed medical evaluation states that the patient rates her pain as a 2-3/10 at its best and an 8/10 at its worst. She is consistent with her recent urine drug screen from 07/01/14. Although there are before and after medication pain scales, not all of the 4 A's are addressed as required by MTUS Guidelines. There are no examples of ADLs which demonstrate medication efficacy from Norco, nor are there any discussions provided on adverse behavior/side effects of Norco. No validated instruments are used either. No outcome measures are provided as required by MTUS Guidelines. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Norco IS NOT medically necessary.

Valium 5mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Benzodiazepine.

Decision rationale: The patient was injured on 01/10/13 and presents with neck pain and upper back pain. The request is for VALIUM 5 MG #30. The RFA is dated 06/05/14 and the patient's

recent work status is not provided. The patient has been taking this medication as early as 05/08/14. ODG guidelines, Chapter on Pain (Chronic), on topic Benzodiazepine, have the following regarding insomnia treatments: "Not recommended for long-term use (longer than 2 weeks), because long-term efficacy is unproven, and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks." MTUS guidelines, page 24, states "Benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." The patient has palpable tenderness over the buttock and lower back, right sided SI and iliolumbar tenderness on palpation and flexion at the waist to knee and on extension. She is diagnosed with sprain/strain thoracic region, sprain/strain hip/thigh, and sprain/strain of lumbar spine. ODG guidelines recommend against the use Valium for more than 4 weeks and MTUS does not allow benzodiazepine for long-term use. In this case, the patient has been taking Valium since 05/08/14, which indicates long-term use and exceeds the 4 week limit as indicated by both MTUS and ODG guidelines. Therefore, the requested Valium IS NOT medically necessary.