

Case Number:	CM15-0004258		
Date Assigned:	01/15/2015	Date of Injury:	12/28/1996
Decision Date:	03/23/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/08/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 45-year-old female who reported an injury on 12/28/1996 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to her low back. The injured worker's treatment history included medications, psychological support, physical therapy, and an L5-S1 laminectomy. The injured worker was evaluated on 11/26/2014. The injured worker's medications were noted to be gabapentin 300 mg, OxyContin 10 mg, and Wellbutrin SR 100 mg. Physical examination findings included tenderness to palpation over the paraspinal musculature of the lumbar spine and left sided facet joint pain. It was noted that the injured worker had trigger points over the lower paraspinal musculature and restricted range of motion secondary to pain. It was noted that injured worker's pain levels varied from a 3/10 to a 9/10. It was documented that the injured worker's OxyContin allowed the injured worker to participate in basic activities of daily living independently. It was noted that the injured worker was scheduled to engage in a detoxification program in 01/2015. The injured worker's diagnoses included lumbar postlaminectomy syndrome, fibromyalgia syndrome, psychalgia, and depressive disorder. The injured worker's treatment plan included continuation of medications. No Request for Authorization form was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 10mg ER 2 tab QAM, 1 tab QPM, 2 tab QHS #150 do not fill prior to 12/5/14:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested decision for OxyContin 10 mg ER 2 tablets in the morning, 1 tablet in the afternoon, and 2 tablets before bed, #150, do not fill prior to 12/05/2014 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the use of opioids in the management of chronic pain be supported by documentation of functional benefit, evidence of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review did not provide an adequate assessment of the injured worker's pain to support that the medication provided significant pain relief. Although it was noted that the injured worker could independently participate in activities of daily living due to medication usage, there was no documentation that the injured worker was monitored for aberrant behavior with CURES reporting or urine drug screens. Therefore, ongoing use of this medication would not be supported in this clinical situation. As such, the requested OxyContin 10 mg ER 2 tablets in the morning, 1 tablet in the afternoon, and 2 tablets before bed, #150, do not fill prior to 12/05/2014 is not medically necessary or appropriate.

Oxycontin 10mg ER 2 tab QAM, 1 tab QPM, 2 tab QHS #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management, Page(s): 78.

Decision rationale: The requested decision for OxyContin 10 mg ER 2 tablets in the morning, 1 tablet in the afternoon, and 2 tablets before bed, #150 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the use of opioids in the management of chronic pain be supported by documentation of functional benefit, evidence of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review did not provide an adequate assessment of the injured worker's pain to support that the medication provided significant pain relief. Although it was noted that the injured worker could independently participate in activities of daily living due to medication usage, there was no documentation that the injured worker was monitored for aberrant behavior with CURES reporting or urine drug screens. Therefore, ongoing use of this medication would not be supported in this clinical situation. As such, the requested OxyContin 10 mg ER 2 tablets in the morning, 1 tablet in the afternoon, and 2 tablets before bed, #150 is not medically necessary or appropriate.

Gabapentin 300mg 1 Cap TID for 30 days #90 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16.

Decision rationale: The requested gabapentin 300 mg 1 caplet 3 times a day for 30 days #90 with 5 refills is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends anticonvulsants as a first line medication in the management of chronic pain. The California Medical Treatment Utilization Schedule recommends continued use of these medications be supported by documentation functional benefit and adequate pain response. The clinical documentation did not provide an accurate assessment of the injured worker's pain response to this medication to support continued use. Additionally, the request is for 5 refills. This does not allow for timely reassessment and re-evaluation of the medication's effectiveness. Therefore, continued use of this medication would not be supported in this clinical situation. As such, the requested gabapentin 300 mg 1 caplet 3 times a day for 30 days #90 with 5 refills is not medically necessary or appropriate.