

Case Number:	CM15-0007505		
Date Assigned:	01/26/2015	Date of Injury:	09/24/2004
Decision Date:	03/19/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/13/2015

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: Maryland

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

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 57 year old female who suffered a work related injury on 09/24/04. Per the physician notes from 12/18/14, she complains of low back pain and lumbar post fusion syndrome, lumbar degenerative disc disease, chronic radicular pain, left knee internal derangement, and chronic pain syndrome of both sleep and mood disorder. Her medications include oxycodone, Norco, gabapentin, and valium. Her pain is described as tremendous. The treatment plan consists of continued prescription pain and medications, and medications for muscle spasms. On 12/31/14, the Claims Administrator non-certified the oxycodone and gabapentin, citing MTUS guidelines. The non-certified treatments were subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg #135: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Oxycodone 30mg #135mg is not medically necessary per the MTUS Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The documentation submitted reveals that the patient has been on long term opioids without significant functional improvement. The documentation dated 10/22/14 indicates that despite being on Gabapentin and Norco the patient is having increased pain and unable to get out of bed. The MTUS does not support ongoing opioid use without improvement in function or pain therefore the request for Oxycodone 30mg #135 is not medically necessary.

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Gabapentin 100mg #150 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AEDs (Anti-Epilepsy Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

Decision rationale: Gabapentin 100mg #150 with 1 refill is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a "good" response to the use of AEDs (antiepileptic drugs) has been defined as a 50% reduction in pain and a

"moderate" response as a 30% reduction. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. The documentation does not indicate evidence of significant pain reduction or functional improvement on prior Gabapentin therefore the continuation of this medication is not medically necessary.