

Case Number:	CM15-0008646		
Date Assigned:	01/26/2015	Date of Injury:	08/29/2000
Decision Date:	05/28/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/15/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 61-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 29, 2000. In a Utilization Review report dated December 30, 2014, the claims administrator partially approved requests for oxycodone (Roxicodone) and Neurontin, apparently for tapering or weaning purposes. The claims administrator referenced a December 17, 2014 progress note in its determination. The applicant's attorney subsequently appealed. On October 15, 2009, the applicant reported ongoing complaints of low back pain. The applicant was not working, it was acknowledged, despite ongoing usage of Soma, Klonopin, and Roxicodone (oxycodone). Permanent work restrictions were renewed. 7/10 pain complaints were reported. The applicant's sleep was poor, it was further noted. On November 28, 2008, the applicant again reported 6/10 low back pain radiating to the right leg. The applicant had gained weight, it was reported. The applicant was using Klonopin, oxycodone, and Soma, it was noted at this point in time. The applicant was not working with permanent limitations in place. Multiple medications were renewed. Epidural steroid injection therapy was sought. On December 4, 2014, the applicant reported 6/10 pain with medications versus 8/10 pain without medications. The applicant's sleep was only fair, it was reported. The applicant stated that his medications were beneficial but acknowledged that his activity levels were unchanged. The applicant's medication list included oxycodone, Neurontin, and Klonopin. The applicant was obese, with a BMI of 31. Epidural steroid injection therapy was endorsed, as were trigger point injections. The applicant had had earlier epidural steroid injections and trigger point

injections, the treating provider acknowledged. Oxycodone and Neurontin both were renewed, as were the applicant's permanent work restrictions. The applicant was not working with said limitations in place. The applicant was, however, asked to cease smoking, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Neurontin 300mg #70 with 5 refills: Upheld

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

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

Decision rationale: No, the request for Neurontin (gabapentin), an anticonvulsant adjuvant medication, was not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin (Neurontin) should be asked "at each visit" as to whether there have been improvements in pain and/or function effected as a result of the same. Here, however, the applicant was off of work, it was acknowledged on the December 4, 2014 progress note at issue. The applicant continued to report pain complaints as high as 6/10, despite ongoing Neurontin usage. Ongoing usage of Neurontin failed to curtail the applicant's dependence on opioids such as oxycodone or benzodiazepine agents such as Klonopin. The applicant exhibited a slow and antalgic gait, it was reported on December 4, 2014. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing Neurontin (gabapentin) usage. Therefore, the request was not medically necessary.

1 Prescription of Roxicodone 15mg #150 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for Roxicodone (oxycodone), a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, while the attending provider did recount some reduction in pain scores on December 4, 2014, the reported reduction in pain scores were, however, outweighed by the applicant's seeming failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function (if any) effected as a result of ongoing oxycodone usage. The attending provider's commentary to the effect that the applicant was still having difficulty performing activities of

daily living as basic as standing and walking on December 4, 2014 did not make a compelling case for continuation of opioid therapy, particularly when viewed in conjunction with the applicant's failure to return to work. Therefore, the request was not medically necessary.