

Case Number:	CM15-0115468		
Date Assigned:	06/23/2015	Date of Injury:	04/11/2002
Decision Date:	08/28/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/16/2015

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

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 39 year old male, who sustained an industrial injury on April 11, 2002. The injured worker was diagnosed as having status post lumbar laminectomy and spinal fusion. Treatment to date has included lumbar surgery, physical therapy, facet injection and oral and topical medication. A progress note dated May 22, 2015 provides the injured worker complains of chronic low back and sacral pain. He reports pain is unchanged with low back pain rated 5/10 and radiating into the left leg. Physical exam does not note any abnormalities. The plan includes continuing oral and topical medication and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% gel apply 2-4 pea-size amount to affected area 3x a day for inflammation #1 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Diclofenac Sodium (Voltaren).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The patient was injured on 04/11/02 and presents with low back pain secondary to post-laminectomy syndrome, sciatica, and sacral pain. The request is for Voltaren 1% Gel Apply 2-4 Pea-Size Amount To Affected Area 3x A Day For Inflammation #1 With 3 Refills. The RFA is dated 06/02/15 and the patient is permanent and stationary with permanent disability. The patient has been using this medication as early as 11/24/14. MTUS Chronic Pain Medical Treatment Guidelines page 111 states the following regarding topical analgesics: "largely experimental and used with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents." Regarding topical NSAIDs, page 111-113 states, "indications: Osteoarthritis and tendonitis, in particular that of the knee, and elbow or other joints that are amenable to topical treatment: Recommended for short term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Neuropathic pain, not recommended as there is no evidence to support use." The patient is diagnosed with long-term use meds nec, syndrome post-laminectomy lum, disorders sacrum, and sciatica. MTUS Guidelines have "little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder." In this case, the patient presents with lumbar spine pain. Due to lack of support from MTUS Guidelines, the requested Voltaren gel is not medically necessary.

Pantoprazole 20mg 1 tab twice daily #60 with 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 60,69.

Decision rationale: The patient was injured on 04/11/02 and presents with low back pain secondary to post-laminectomy syndrome, sciatica, and sacral pain. The request is for Pantoprazole 20 Mg 1 Tab Twice Daily #60 With 3 Refills. The utilization review rationale is that the request "exceeds guideline." The RFA is dated 06/02/15 and the patient is permanent and stationary with permanent disability. The patient has been using this medication as early as 11/24/14. MTUS Guidelines page 60 and 69 states that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High-dose/multiple NSAID. MTUS page 69 states, "NSAIDs, GI symptoms, and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI." The patient is diagnosed with long-term use meds nec, syndrome post-laminectomy lum, disorders sacrum, and sciatica. As of 05/22/15, the patient is taking Hydrocodone, Gabapentin, Cymbalta, and Hydrochlorothiazide. The 01/30/15 report states that the "patient does have GI upset." The 02/27/15 report states that the patient is tolerating his medications well "but does utilize Protonix for GI upset." Given that the patient presents with GI upset, the requested Pantoprazole is medically necessary.

Hydrocodone APAP 10/325 tab daily as needed for pain #20: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-80, 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Criteria For Use Of Opioids Page(s): 60, 61, 76-78, 88,89, 80,81.

Decision rationale: The patient was injured on 04/11/02 and presents with low back pain secondary to post-laminectomy syndrome, sciatica, and sacral pain. The request is for Hydrocodone Apap 10/325 Tab Daily As Needed For Pain #20. The utilization review rationale is that "there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in use of medications as a result of Hydrocodone/APAP use to date." The RFA is dated 06/02/15 and the patient is permanent and stationary with permanent disability. The patient has been using this medication as early as 11/24/14. 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 is diagnosed with long-term use meds nec, syndrome post-laminectomy lum, disorders sacrum, and sciatica. The 11/24/14 report states that medications continue to help to reduce pain and allow for better function. On 12/29/14, 01/30/15, 02/27/15, and 04/24/15 he rated his pain as a 5-6/10. The 01/30/15 report states that "his latest urine screen is negative for all entities which is consistent with patient utilizing his medications on an intermittent basis." The 02/27/15 report states that "patient continues to report the medications do help to reduce his pain and allow him to exercise better with less pain. His DEA cures report dated 02/27/15 is consistent with patient receiving pain medication from only our office." The 03/30/15 report states that "medications also help with pain and function. He is tolerating them generally well. He is able to exercise and perform activities of daily living around the house better with less pain." The 04/24/15 report states that the patient "reports no adverse side effects of use of these medications." On 05/22/15, he rated his pain as a 5/10. In this case, all of the 4 As are addressed as required by MTUS Guidelines. There are pain scales provided, the patient is "able to exercise and perform activities of daily living around the house better," and he has no adverse side effects/aberrant behavior. He has a DEA cures report dated 02/27/15 on file and the 01/30/15 report states that he was consistent with his recent urine drug screen. The treating physician provides proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Hydrocodone/APAP is medically necessary.

Gabapentin 600mg 2 tabs at bedtime #60 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 18-19. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18-19.

Decision rationale: The patient was injured on 04/11/02 and presents with low back pain secondary to post-laminectomy syndrome, sciatica, and sacral pain. The request is for Gabapentin 600 Mg 2 Tabs At Bedtime #60 With 3 Refills for nerve pain. The utilization review rationale is that "there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Gabapentin use to date." The RFA is dated 06/02/15 and the patient is permanent and stationary with permanent disability. The patient has been using this medication as early as 11/24/14. 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 is diagnosed with long-term use meds nec, syndrome post-laminectomy lum, disorders sacrum, and sciatica. The 11/24/14 report states that "medications continue to help to reduce pain and allow for better function." On 12/29/14, 01/30/15, 02/27/15, and 04/24/15 he rated his pain as a 5-6/10. The 02/27/15 report states that "patient continues to report the medications do help to reduce his pain and allow him to exercise better with less pain." The 03/30/15 report states that "medications also help with pain and function. He is tolerating them generally well. He is able to exercise and perform activities of daily living around the house better with less pain." On 05/22/15, he rated his pain as a 5/10. The treater does not specifically discuss efficacy of Gabapentin on any of the reports provided. For medication use in chronic pain, MTUS page 60 requires documentation of pain assessment and function as related to the medication use. In this case, the treater benefits from Gabapentin. Therefore, the requested Gabapentin is medically necessary.