

Case Number:	CM15-0115896		
Date Assigned:	06/24/2015	Date of Injury:	12/17/2012
Decision Date:	10/13/2015	UR Denial Date:	05/15/2015
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: Texas, Florida, 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 injured worker is a 43 year old male, who sustained an industrial injury on December 17, 2012. The injured worker was diagnosed as having lumbosacral degenerative changes, right lower extremity rap, sacroiliac joint dysfunction, and pain induced depression. Per the treating physician (April 29, 2015 report), the injured worker was experiencing increased analgesia with Zohydro. The Zohydro 40 mg twice a day decreased the pain severity more than Norco, but less than Hysingla at the same dose. Gralise (long-acting gabapentin) twice a day decreased the pain severity. Duloxetine decreased neuralgia. The toe numbness has not increased pain. The injured worker benefitted from cognitive behavioral therapy for pain control methods and anxiety reduction education. His pain was rated 4-7 out of 10. Records also indicate a decreased Epworth Sleepiness scale to 9. The injured worker was more upset and anxious regarding he is chronic pain and hiss prolonged disability. The physical exam (April 29, 2015) reveals normal tandem, heel and toe walking; loss of balance when balancing on one leg (left and right), rotation with squatting on the right side, decreased thoracic flexion, thoracic ankylosis, and left thoracic rotation. There was decreased lumbar flexion, extension, and right and left lateral rotation. The bilateral supine straight leg raise was decreased at 45 degrees and lumbar muscle spasms were decreased. There was mild left sacroiliac joint tenderness and severe right sacroiliac joint, piriformis muscle, posterior iliac crest, sciatic notch, anterior psoas tendon insertion, tensor fascia latae, greater trochanter, and iliotibial band tenderness. There was decreased left hip internal and external rotation and right hip flexion, extension, internal, and external rotation. There was decreased sensation of the right S1 (sacral 1) nerve distribution. The medical records

indicate that the urine drug testing (April 29, 2015) was positive for opiates. The treatment plan includes increasing Gralise to 1800mg at dinner time and continuing Gabapentin 600 mg three times a day (for a total daily dose of 4800mg); and decreasing the Butrans patch dose . Treatment to date includes 24 sessions of physical therapy, activity modifications, cognitive behavioral therapy, a lumbar injection, and medications including Zohydro ER (since at least), Gralise (since at least), Gabapentin IR (since at least), Duloxetine, Hysingla, Butrans patch, Trazadone, non-steroidal anti-inflammatory, and Protonix. The requested treatments included Zohydro Hydrocodone extended release 20mg, Gabapentin 800mg, and Gralise extended release gabapentin 800mg. On May 15, 2015, the original utilization review non-certified requests for Zohydro Hydrocodone extended release 20mg #120, Gabapentin 800mg #130, and Gralise extended release gabapentin 800mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zohydro Hydrocodone extended release 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: This claimant was injured in 2012 with lumbosacral degenerative changes, right lower extremity pain, sacroiliac joint dysfunction, and pain induced depression. The Zohydro 40 mg twice a day subjectively decreased the pain severity more than Norco. Objective, functional improvement out of the regimen however is not noted. The current California web- based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.

Gabapentin 800mg #130: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

Decision rationale: As previously shared, this claimant was injured in 2012 with lumbosacral degenerative changes, right lower extremity pain, sacroiliac joint dysfunction, and pain induced depression. The Zohydro 40 mg twice a day subjectively decreased the pain severity more than Norco. Gralise (long-acting gabapentin) twice a day decreased the pain severity. Duloxetine reportedly decreased neuralgia. Despite the subjective improvements, objective, functional improvement out of the regimen however is not noted. The MTUS notes that anti-epilepsy drugs (AEDs) like Gabapentin are also referred to as anti-convulsants, and are recommended for neuropathic pain (pain due to nerve damage). However, there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. It is not clear in this case what the neuropathic pain generator is, and why therefore that Gabapentin is essential. Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. This claimant however has neither of those conditions. The request is appropriately not medically necessary under the MTUS evidence-based criteria.

Gralise extended release gabapentin 800mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

Decision rationale: As shared, this claimant was injured in 2012. The injured worker was diagnosed as having lumbosacral degenerative changes, right lower extremity pain, sacroiliac joint dysfunction, and pain induced depression. The Zohydro 40 mg twice a day decreased the pain severity more than Norco, but less than Hysingla at the same dose. Gralise (long-acting gabapentin) twice a day decreased the pain severity. Duloxetine decreased neuralgia. Objective, functional improvement out of the regimen is not noted. Once again, Gralise is a neuroleptic drug. The MTUS notes that anti-epilepsy drugs (AEDs) like Gralise are also referred to as anti-convulsants, and are recommended for neuropathic pain (pain due to nerve damage). However, there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. It is not clear in this case therefore that Gabapentin is essential. Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. This claimant however has neither of those conditions. The request is appropriately not medically necessary under the MTUS evidence-based criteria.