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| Case Number: | CM15-0117826 | | |
| Date Assigned: | 06/26/2015 | Date of Injury: | 01/15/2002 |
| Decision Date: | 07/31/2015 | UR Denial Date: | 06/05/2015 |
| Priority: | Standard | Application Received: | 06/18/2015 |

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: Pennsylvania
 Certification(s)/Specialty: Internal 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 76 year old male who sustained an industrial injury on January 15, 2002. The injured worker was diagnosed as having lumbar degenerative disc disease with intractable low back pain, lumbar radiculopathy, and depression. Treatment to date has included epidural injections and medication. Morphine and gabapentin have been prescribed since at least January of 2014. Currently, the injured worker complains of chronic low back pain and lower extremity pain, with pain radiating from mid back to the right hip. The Treating Physician's report dated May 28, 2015, noted the injured worker's Morphine had not been covered, and therefore analgesia was inadequate with Gabapentin alone, with decreased function noted. Urine drug tests and Patient Activity reports were noted to be consistent. Physical examination was noted to show the injured worker used a single point cane for ambulation, with the injured worker reporting a pain level of 9/10, the usual interval pain level being 9/10, reporting pain with full extension and flexion of the lumbar spine. Neurological examination showed normal sensation in the lower extremities. The injured worker was noted to have had a good response to injections in the past, with 30-40% relief for a few months. A urine specimen was collected for review at the next appointment. Work status was not discussed. The treatment plan was noted to include a re-request for the injured worker's Morphine, request for Gabapentin and a request for a lumbar epidural at L5-S1 bilaterally as he had good response from these in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 400mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes antiepilepsy drugs (AEDs) are recommended for neuropathic pain, with a "good" response to the use of AEDs defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important and a lack of response of this magnitude may be the trigger to switch to a different first-line agent or a combination therapy. 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. Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The medical records did not identify the injured worker with diabetic neuropathy, postherpetic neuralgia, or with neuropathic pain. The documentation provided failed to include documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The injured worker was noted to have a pain level of 9/10, with the usual interval pain level 9/10, showing no improvement in the level of pain with use of the Gabapentin. Work status was not noted, and there was no discussion of improvement in specific activities of daily living as a result of use of gabapentin. Therefore, based on the MTUS guidelines, the documentation did not support the request for Gabapentin 400mg, #90 and therefore it is not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids: On-Going Management. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids Page(s): 43, 77-78, 89, 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: Urine drug testing.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes that drug testing is recommended as an option, using a urine drug screen (UDS) to assess for the use or the presence of illegal drugs, and for the occurrence of any potentially aberrant or non-adherent drug related behaviors. The Official Disability Guidelines (ODG) recommends urine drug testing at the onset of treatment, and ongoing monitoring if a patient has evidence of a "high risk" of addiction. Ongoing urine drug testing is indicated as an adjunct to monitoring along with clinical exams and pill counts, and if dose increases are not decreasing pain and increasing function, consideration of urine drug testing should be made to aid in evaluating medication compliance

and adherence. The frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. Injured workers at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Injured workers at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Injured workers at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. The documentation provided included multiple toxicology testing results, including April 2015, March 2015, February 2015, January 2015, and December 2014. The documentation provided did not include any documentation of high risk behaviors by the injured worker that would indicate the need for frequent urine drug screens. Therefore, based on the MTUS guidelines, the documentation did not support the request for a urine drug screen (UDS) and is not medically necessary.

Epidural injection, bilateral L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines recommends epidural steroid injections (ESIs) as an option for treatment of radicular pain. The criteria for use of epidural steroid injections (ESIs) includes radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants), injections should be performed using fluoroscopy for guidance, no more than two nerve root levels should be injected using transforaminal blocks, and in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. The documentation provided noted the injured worker had received only 30-40% relief with a previous injection, continued 9/10 pain, and no reduction in medication use documented. There are insufficient clinical findings of radiculopathy, such as dermatomal sensory loss or motor deficits correlating with a specific lesion identified by objective testing. No MRI results or electrodiagnostic testing was submitted. Therefore, based on the MTUS guidelines, the documentation did not support the request for an epidural injection, bilateral L5-S1 and is not medically necessary.

MS (morphine sulfate) Contin 15mg IR (immediate release), #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: When to Discontinue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes that ongoing management of opioid therapy should include the lowest possible dose prescribed to improve pain and function. On-going management should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics". The guidelines state that opioids may be continued when the injured worker has returned to work, and if the injured worker has improved functioning and pain. Morphine has been prescribed for more than one year. There is no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain for this injured worker. The documentation provided noted the injured worker was independent in activities of daily living (ADLs) and was able to drive himself, but there was no documentation of improvement in specific activities of daily living as a result of use of morphine. Work status was not discussed. Office visits have continued at the same approximately monthly frequency. Therefore, based on the MTUS guidelines, the documentation did not support the request for MS (morphine sulfate) Contin 15mg IR (immediate release), #90 and is not medically necessary.