

Case Number:	CM15-0118429		
Date Assigned:	06/26/2015	Date of Injury:	09/10/2012
Decision Date:	08/20/2015	UR Denial Date:	05/22/2015
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: Arizona, Michigan

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 41 year old female, who sustained an industrial injury on 9/10/2012. The mechanism of injury was injury from slipping on a wet bathroom floor and injuring her back. The current diagnoses are low back pain, lumbar disc protrusion, and radiculopathy. According to the progress report dated 5/12/2015, the injured worker complains of low back and leg pain, left more than right. The pain is described as hot and burning. She notes the pain has not significantly changed. The level of pain was not rated. The physical examination of the lumbar spine reveals lateral bending left and right, flexion and extension about 25% decreased with pain to palpation at L4-L5 and L5-S1 levels, more so on the left. The current medications are Percocet and Gabapentin. Per notes, she continues to get some relief with pain medication. Treatment to date has included medication management, x-rays, ice, physical therapy, MRI studies, electrodiagnostic testing, chiropractic, and epidural steroid injection (unsuccessful). MRI from 11/7/2012 shows left L4-5 paracentral disc herniation. The records from 1/28/2014 indicate a repeat MRI was performed in 2014; however, the date or results is not available for review. She has been off work for two years. She is not on modified duty as the employer did not have a position to accommodate her. A request for Percocet, Gabapentin, and MRI of the lumbar spine has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: Per the CA MTUS ACOEM Medical Treatment Guidelines, unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). In this case, the records indicate the injured worker had an MRI on 11/7/2012, which showed left L4-5 paracentral disc herniation. Another progress note suggested a repeat MRI was performed in 2014 (results unknown). Additionally, the records provide no clear documentation of significant change on clinical exam that would warrant another MRI. Therefore, based on MTUS guidelines and submitted medical records, the request for MRI of the lumbar spine is not medically necessary.

Percocet 10/325 mg, 120 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids: On-going management Page(s): 78, 97.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, Percocet is the brand name of an oxycodone and acetaminophen combination drug. The guidelines indicate the continued use of opioids requires 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; 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily

living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, 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. Additionally, the treating physician did not document: 1) the least reported pain over the period since last assessment; 2) average pain 3) intensity of pain after taking the opioid 4) how long it takes for pain relief 5) how long pain relief lasts 6) improvement in pain 7) improvement in function. These are necessary to meet MTUS guidelines. Therefore, based on MTUS guidelines and submitted medical records, the request for Percocet is not medically necessary.

Gabapentin 600 mg, ninety count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-19, 49.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which 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. Additionally, guidelines suggest a "good" response to the use of AEDs has been 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 to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. (Eisenberg, 2007) (Jensen, 2006) 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. In this case, there is no documentation of pain relief and improvement in function as well as documentation of side effects incurred with its use. Specifically, there is no evidence of functional benefit or improvement such as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result. Therefore, based on MTUS guidelines and submitted medical records, the request for Gabapentin is not medically necessary.