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| Case Number: | CM15-0120057 | | |
| Date Assigned: | 07/02/2015 | Date of Injury: | 04/16/2013 |
| Decision Date: | 07/31/2015 | UR Denial Date: | 06/15/2015 |
| Priority: | Standard | Application Received: | 06/22/2015 |

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 59 year-old male who sustained an industrial injury on 04/16/13. He reports low back pain status post fall. Initial diagnoses include lumbar radiculopathy, chronic low back pain, lumbar disc degeneration, and lumbar sprain. Treatments include MRI, pain medication management, physical therapy, EMG/NCV, and neurosurgeon evaluation. In a progress note dated 05/28/15 the injured worker reports chronic lower back pain, worse when walking and sitting over 30 minutes; pain radiates to the left lower extremity. Physical examination was significant for increased lumbar spasms primarily in the L2-L5 area with slight swelling, decreased lordosis, and crepitus. Current diagnoses include low back strain. Treatment recommendations include Oxycodone 30 mg #90, and Gabapentin 300 mg #90. The injured worker is under temporary total disability. Date of Utilization Review: 06/15/15

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Oxycodone 30mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79, 80 and 88 of 127.

Decision rationale: This claimant was injured over two years ago. There is low back pain status post fall. Initial diagnoses include lumbar radiculopathy, chronic low back pain, lumbar disc degeneration, and lumbar sprain. As of May, there is chronic lower back pain, which radiates. There is lumbar spasm. Objective functional benefit out of the opiate usage 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 certified per MTUS guideline review.

1 Prescriptions of Gabapentin 300mg #90: 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 Page(s): 16 of 127 and page 19 of 127.

Decision rationale: As shared, this claimant was injured over two years ago. There is low back pain status post fall. Initial diagnoses include lumbar radiculopathy, chronic low back pain, lumbar disc degeneration, and lumbar sprain. As of May, there is chronic lower back pain, which radiates. There is lumbar spasm. Objective functional benefit out of the opiate usage 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 postherpetic 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 non-certified under the MTUS evidence-based criteria.

