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| Case Number: | CM15-0122873 | | |
| Date Assigned: | 07/07/2015 | Date of Injury: | 01/21/2009 |
| Decision Date: | 08/12/2015 | UR Denial Date: | 05/28/2015 |
| Priority: | Standard | Application Received: | 06/25/2015 |

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 64 year old female who sustained an industrial injury on 1/21/09 with complaints of recent increases in low back pain. In a progress note dated 11/4/14, the treating physician reports she has had no side effects or problems with the medications and wishes to continue them. She was given information about narcotic analgesics and their predisposition to cause physiological tolerance and dependency and a random urine toxicology screen was done and the results are consistent with her therapy. A treating physician letter dated 11/20/14, notes that the injured worker has a spondylolisthesis of the L5 on S1. A 12/5/14 operative report notes the procedures performed as a right L4-L5 facet medial branch block, left L4-L5 facet medial branch block, fluoroscopy with interpretation and supervision. The post-operative diagnoses are facet arthrosis L4-L5, history of mild moderate spinal canal stenosis L2-L3, L3-L4, and flare of lower back pain. In a progress note dated 12/17/14, the treating physician reports she is steadily improving after the bilateral L4-L5 facet injections. It is allowing her to begin weaning back down on her medications. She has weaned back from six tablets to five tablets per day of Norco and continues with Gabapentin 600mg three times a day. She is tolerating medications well, with no side effects. She has complaints of pain up to 6-7/10 before taking medication and pain is reduced to 3/10 after taking medication and allows her to remain productive in her activities of daily living. In a request for authorization dated 3/4/15, the treating physician notes the injured worker continues to have waxing and waning of lower back pain, which radiates into the right hip and down the right thigh. Current pain is rated at 6/10, and at 8/10 at its worst. With medication, ice and rest it is at 5/10, which allows her to participate in activities of daily living.

She is on a regimen of Gabapentin 600mg three times a day and for breakthrough pain; Norco 10/325 mg, no more than four maximum per day. On this regimen, she is able to function and can get through her day. She denies any side effects and wishes to continue with her medications. Exam of the lumbar spine reveals loss of lumbar lordosis. Range of motion is guarded no more than 45 degrees of forward flexion and 10 degrees of extension with complaints of stiffness and pain in the lower back at extremes of the motion. Motor and sensory exam are normal. Deep tendon reflexes are 1 to 2+ at the bilateral infrapatellar and 0 to 1+ at the bilateral achilles and are symmetrical. The assessment is moderate central spinal canal stenosis at L2-L3 and L3-L4 with industrial aggravation. A treating physician letter dated 5/19/15 notes she has responded well in the past to an epidural injection. This should be performed around the right L5 root, which is the source of her radiculopathy in the right leg. She has a spondylolytic defect at L5 with associated foraminal narrowing from the spondylolisthesis. In a progress report dated 5/27/15, the treating physician notes recent increases in low back pain at 8/10, radiating to her right leg and thigh. Also noted is that another physician has requested an epidural steroid injection. The diagnosis is listed as lumbar central stenosis. The treatment plan is to continue Gabapentin 600mg three times a day, Norco 10/325 4 times a day maximum, and awaiting lumbar epidural steroid injection. Work status in a progress report dated 5/27/15, notes she is retired. The requested treatment is Hydrocodone/APAP (acetaminophen) 10/325mg, quantity of 120, and Gabapentin 600mg, quantity of 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP (acetaminophen) 10/325mg, quantity: 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria For Use Of Opioids Page(s): 88, 89, 77, 78 80, 81, 90.

Decision rationale: Based on the 05/27/15 progress report provided by treating physician, the patient presents with low back pain radiating to the right hip, rated 6/10 with and 8/10 without medications. The patient is status post left ankle ORIF 09/14/14, per 11/04/14 report. The request is for Hydrocodone/APAP (Acetaminophen) 10/325mg, quantity: 120. RFA with the request not provided. Patient's diagnosis on 05/27/15 includes flare of lumbar radiculitis, history of moderate central spinal canal stenosis. Physical examination to the lumbar spine on 05/27/15 revealed tenderness to palpation and decreased range of motion, especially on extension 10 degrees. Positive straight leg raise test on the right. Treatment to date included lumbar facet injections and medications. Patient's medications include Norco and Gabapentin. The patient is retired, per 05/27/15 report. Treatment reports provided from 12/19/12 - 05/27/15. 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 p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." 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." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Norco has been included in patient's medications, per progress reports dated 11/04/14, 12/17/14, and 05/27/15. Progress report dated 12/17/14 states the patient tolerates medications well with no side effects. Pain is rated 3/10 with and 6-7/10 without medications, which allow her to remain productive in her activities of daily living. Per 03/04/15 report, the patient "is on a conservative regimen of medication, and on this regimen she is functional and can get through her day. She denies any side effects or problems with medication, and wishes to continue with the medications." In this case, treater has addressed analgesia with numerical scales, but has not discussed how Norco significantly improves patient's activities of daily living with specific examples. MTUS states "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, no UDS's, opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4A's. Furthermore, MTUS does not clearly support chronic opiate use for this kind of condition, chronic low back pain and radiculopathy. In addition, MTUS also does not support greater than 120 mg equivalent Morphine dosing without pain management specialty consult and very special circumstances. Given the lack of documentation as required by guidelines, this request IS NOT medically necessary.

Gabapentin 600mg, quantity: 90: Overturned

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

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

Decision rationale: Based on the 05/27/15 progress report provided by treating physician, the patient presents with low back pain radiating to the right hip, rated 6/10 with and 8/10 without medications. The patient is status post left ankle ORIF 09/14/14, per 11/04/14 report. The request is for Gabapentin 600MG, quantity: 90. RFA with the request not provided. Patient's diagnosis on 05/27/15 includes flare of lumbar radiculitis, history of moderate central spinal canal stenosis. Physical examination to the lumbar spine on 05/27/15 revealed tenderness to palpation and decreased range of motion, especially on extension 10 degrees. Positive straight leg raise test on the right. Treatment to date included lumbar injections and medications. Patient's medications include Norco and Gabapentin. The patient is retired, per 05/27/15 report. Treatment reports provided from 12/19/12 - 05/27/15. MTUS has the following regarding Gabapentin on pg 18, 19: "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." Gabapentin has been included in patient's medications, per progress reports 12/17/14 and 05/27/15. Per partial progress report dated 12/19/12, AME report dated 01/19/13 states that UR decision dated 08/21/12 authorized

Gabapentin as appropriate. Progress report dated 12/17/14 states the patient tolerates medications well with no side effects. Pain is rated 3/10 with and 6-7/10 without medications, which allow her to remain productive in her activities of daily living. Per 03/04/15 report, the patient "is on a conservative regimen of medication, and on this regimen she is functional and can get through her day. She denies any side effects or problems with medication, and wishes to continue with the medications." The patient continues with pain and neuropathic symptoms, and treater has documented benefit from medication. The request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.