MAXIMUS Federal Services

Case Number:	CM15-0165521		
Date Assigned:	09/29/2015	Date of Injury:	04/20/2003
Decision Date:	11/10/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/24/2015

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: Emergency 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 4-20-03. The injured worker is being treated for degeneration of the cervical intervertebral disc, chronic pain syndrome and lumbar post laminectomy syndrome. Treatment to date has included oral medications including Bupropion HCL 300mg (since at least 4-16-14), docusate sodium 100mg, Fluticasone 50mg (since at least 11-7-13), Gabapentin 600mg (since at least 4-16-14), Hydrocodone 10mg-325mg (since at least 3-20-14), MS Contin 30mg (since at least 4-9-14), Omeprazole 20mg, Senna 8.6mg and Tizanidine 4mg; L5-S1 disc replacement, bilateral knee surgery and lumbar fusion at L4-5; and activity modifications. On 7-22-15, the injured worker complains of low back pain rated 8 out of 10 without medications and 4 out of 10 with medications with bilateral lower extremity radiation, right buttock pain and right groin pain and causing interference with sleep; she also complains of neck pain rated 8 out of 10 without medications and 4 out of 10 with medications radiating to bilateral upper extremities with tingling sensation. Physical exam performed on 7-22-15 revealed tenderness to palpation of the paracervical, trapezius and rhomboid bilaterally with restricted range of motion due to pain and tenderness of the greater trochanter bilaterally and tenderness of the paraspinal region at L4 and iliolumbar region bilaterally with restricted range of motion; decreased sensation is also noted at C8 of the 4th and 5th digits, ulnar hand and distal forearm. Documentation is not made of functional improvement and documentation did not include results of urine toxicology. A request for authorization was submitted on 7-22-15 for Gabapentin 600mg #90 with 5 refills, MS Contin 30mg #60 with 0 refills, Hydrocodone 10mg-acetaminophen 325mg #150 with 0 refills; urine toxicology screen and physical therapy. On 8-6-15 a request for Gabapentin 600mg

#90 with 5 refills, MS Contin 30mg #60 and Hydrocodone 10-325mg #150 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #90 with 5 refills: 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): Antiepilepsy drugs (AEDs).

Decision rationale: The request is for gabapentin, which is an anti-epilepsy drug used for the treatment of neuropathic pain. It has predominantly been shown to be effective for treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. It has also shown benefit in other conditions, including lumbar stenosis, chronic regional pain syndrome and fibromyalgia. A good response to the use of anti-epilepsy drugs 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; or (2) combination therapy if treatment with a single drug agent fails. 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 anti-epilepsy drugs depends on improved outcomes versus tolerability of adverse effects. A recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain. Regarding the injured worker, there is a documentation of a decrease in pain with the use of gabapentin. However, there is no clear documentation of a functional improvement. There is no documentation of possible side effects, or a clear remark that the use of gabapentin is well-tolerated. While a documented 50% reduction in pain is currently sufficient to continue the use of gabapentin, the request for a 6-month prescription is beyond the time frame recommended for reassessment to determine if the continuation of the medication is of medical benefit. Therefore, the request is not medically necessary.

MS Contin 30mg #60: 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, indicators for addiction, Opioids, criteria for use, Opioid hyperalgesia.

Decision rationale: The request is for MS Contin, which is an opioid used for the treatment of moderate to severe pain. The chronic use of opioids requires the 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. The MTUS guidelines support the chronic use of opioids if the injured worker has returned to work and there is a clear overall improvement in pain and function. The treating physician should consider consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psychiatric consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. Opioids appear to be efficacious for the treatment of low back pain, but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. In regards to the injured worker, while there is documentation of an improvement in pain with the use of opioids, there is no clear documentation of functional improvement or a return to work. Therefore, there is incomplete fulfillment of the criteria for use based upon the MTUS guidelines, and the continued use of opioids is of questionable medical benefit. Therefore, the request is not medically necessary.

Hydrocodone 10/325mg #150: 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, Opioid hyperalgesia.

Decision rationale: The request is for hydrocodone, which is an opioid used for the treatment of moderate to severe pain. The chronic use of opioids requires the 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

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