

Case Number:	CM15-0172587		
Date Assigned:	09/14/2015	Date of Injury:	08/16/2000
Decision Date:	10/20/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	09/02/2015

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:

This 59 year old female sustained an industrial injury on 8-16-00. Documentation indicated that the injured worker was receiving treatment for lumbar spine degenerative disc disease with spondylosis, cervical spine degenerative disc disease and shoulder degenerative joint disease. Previous treatment included chiropractic therapy, salt baths and medications. In a PR-2 dated 11-6-14, the injured worker complained of low back pain and tightness at the neck and upper back. The injured worker could sit and stand for 15 minutes and walk for 0 to 1 minutes. The injured worker's sleep was disturbed all night secondary to pain. The treatment plan included increasing Norco to 4 per day. In a PR-2 dated 6-26-15, the injured worker complained of ongoing back, neck, left hip and shoulder pain. The injured worker reported that increased dosage of Gabapentin was helping but she was still not sleeping. The injured worker could sit and stand for 5 to 10 minutes and walk for less than 30. The injured worker performed activities of daily living independently. Urine drug screen on 5-28-15 was consistent with prescribed medications. Physical exam was remarkable for pain with light touch throughout the back with increased pain upon forward flexion and rotation. The injured worker's gait was erect and independent. The treatment plan included continuing Norco, and a trial of Gralise. On 7-30-15, Utilization Review modified a request for Norco 10-325mg #120 to Norco 10-325mg #68. Utilization Review noncertified a request for Gralise 600mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #120: 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 norco, which is a combination of hydrocodone and acetaminophen. 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, the documentation provided for review shows ongoing pain despite long-term opioid prescription. There has been poor functional improvement. Furthermore, there is incomplete fulfillment of the criteria for use based upon the MTUS guidelines. Therefore, the request as submitted is not medically necessary.

Gralise 600 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The request is for Gralise, which is gabapentin, which is an anti-epilepsy drug also 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, gabapentin was previously prescribed. Documentation of a 50% reduction in pain was absent. There is no clear documentation to justify switching to a different formulation of the same drug. Therefore, the request as submitted is not medically necessary.