

Case Number:	CM15-0175787		
Date Assigned:	09/17/2015	Date of Injury:	04/06/2000
Decision Date:	10/27/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/08/2015

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 51 year old male, who sustained an industrial injury on 4-6-2000. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include chronic low back pain with radiculopathy secondary to failed lumbar back surgery, status post lumbar laminectomy and lumbar fusion, degenerative disc disease and stenosis and right greater trochanteric bursitis. Treatments to date include activity modification, medication therapy, home exercise and home TENS unit. Currently, he complained of ongoing low back pain with radiation to right lower extremity and new complaint of bilateral foot numbness. Current medications listed included Norco, Neurontin, Diclofenac, Ambien and Quinine as needed. Medication was noted to decrease pain and increase function. It was noted that without medication there was increased pain and inability to work or do daily activities. It was noted that he was able to work part time and perform daily activities with medication. On 8-24-15, the physical examination documented tenderness to the lumbar and buttock areas, decreased range of motion, and decreased sensation to the left foot. The plan of care included decreasing Gabapentin dose. The appeal requested authorization for Norco 10-325mg #90; Gabapentin 300mg #180; and Naprosyn 500mg #30. The Utilization Review dated 8-27-15, denied the request for Gabapentin and Naprosyn, and modified the request to allow Norco 10-325mg #68 per California MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 90: 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): Medications for chronic pain, Opioids, criteria for use.

Decision rationale: The patient presents with right low back pain radiating to the right buttock, right lateral posterior thigh. The request is for Norco 10/325 MG QTY 90. The request for authorization is dated 08/24/15. The patient is status post lumbar laminectomy, 06/2000. Status post lumbar spinal fusion, 04/2001. MRI of the lumbar spine, 09/25/03, showed L3-4 and L4-5 anterior and posterior fusion with posterior crossing pedicle screws appear to be intact, right worse than left neural foraminal stenosis at L3-4 and L4-5. Physical examination reveals palpation of the lumbar paraspinal muscle elicits mild tenderness in the lower lumbar area on the left. Palpation of the buttock elicits moderate tenderness on the left. Palpation of the greater trochanter bursa elicits mild tenderness on the right. Sensation was decreased to pinprick in the left foot. Discogenic stress maneuvers were pain provoking. Lumbar ROM is limited. He did physical therapy in the past. He had lumbar epidural injection in the past. He continues to do home exercise. Will continue to use home TENS unit. Medication reduces his pain level, which he can function and work. His pain is tolerable with medication. His pain level is 4/10. Patient's medications include Norco, Neurontin, and Naprosyn. Per progress report dated 08/24/15, the patient is working part time. MTUS, Criteria for Use of Opioids Section, 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, Criteria For Use Of Opioids Section, 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, Criteria for Use of Opioids Section, p 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, p 90 states, "Hydrocodone has a recommended maximum dose of 60mg/24 hrs." Per progress report dated 08/24/15, treater's reason for the request is "He understands the side effect of Norco which can affect liver function. He does not want to change to other pain medication." Patient has been prescribed Norco since at least 02/02/15. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Norco significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed, specifically showing pain reduction with use of Norco. No validated instrument is used to show functional improvement. There is documentation regarding adverse effects but not aberrant drug behavior. No UDS, CURES or

opioid contract. In this case, treater has not adequately discussed the 4A's as required by MTUS. Therefore, the request IS NOT medically necessary.

Gabapentin 300 mg Qty 180: 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 patient presents with right low back pain radiating to the right buttock, right lateral posterior thigh. The request is for Gabapentin 300 MG QTY 180. The request for authorization is dated 08/24/15. The patient is status post lumbar laminectomy, 06/2000. Status post lumbar spinal fusion, 04/2001. MRI of the lumbar spine, 09/25/03, showed L3-4 and L4-5 anterior and posterior fusion with posterior crossing pedicle screws appear to be intact, right worse than left neural foraminal stenosis at L3-4 and L4-5. Physical examination reveals palpation of the lumbar paraspinal muscle elicits mild tenderness in the lower lumbar area on the left. Palpation of the buttock elicits moderate tenderness on the left . Palpation of the greater trochanter bursa elicits mild tenderness on the right. Sensation was decreased to pinprick in the left foot. Discogenic stress maneuvers were pain provoking. Lumbar ROM is limited. He did physical therapy in the past. He had lumbar epidural injection in the past. He continues to do home exercise. Will continue to use home TENS unit. Medication reduces his pain level, which he can function and work. His pain is tolerable with medication. His pain level is 4/10. Patient's medications include Norco, Neurontin, and Naprosyn. Per progress report dated 08/24/15, the patient is working part time. MTUS Guidelines, Gabapentin section on pg 18,19 states, "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." Per progress report dated 08/24/15, treater's reason for the request is "reduce his radicular symptom which he can function and work." Patient has been prescribed Gabapentin since at least 02/02/15. The patient continues with right low back pain radiating to the right buttock, right lateral posterior thigh. For medication use in chronic pain, MTUS page 60 requires documentation of pain assessment and function as related to the medication use. In this case, treater has not adequately discussed and documented functional improvement and the effect of pain relief with use of Gabapentin. Therefore, the request IS NOT medically necessary.

Naprosyn 500 mg Qty 30: 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): Anti-inflammatory medications.

Decision rationale: The patient presents with right low back pain radiating to the right buttock, right lateral posterior thigh. The request is for Naprosyn 500 MG QTY 30. The request for authorization is dated 08/24/15. The patient is status post lumbar laminectomy, 06/2000. Status post lumbar spinal fusion, 04/2001. MRI of the lumbar spine, 09/25/03, showed L3-4 and L4-5 anterior and posterior fusion with posterior crossing pedicle screws appear to be intact, right worse than left neural foraminal stenosis at L3-4 and L4-5. Physical examination reveals palpation of the lumbar paraspinal muscle elicits mild tenderness in the lower lumbar area on the left. Palpation of the buttock elicits moderate tenderness on the left. Palpation of the greater trochanter bursa elicits mild tenderness on the right. Sensation was decreased to pinprick in the left foot. Discogenic stress maneuvers were pain provoking. Lumbar ROM is limited. He did physical therapy in the past. He had lumbar epidural injection in the past. He continues to do home exercise. Will continue to use home TENS unit. Medication reduces his pain level, which he can function and work. His pain is tolerable with medication. His pain level is 4/10. Patient's medications include Norco, Neurontin, and Naprosyn. Per progress report dated 08/24/15, the patient is working part time. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 Anti-inflammatory medications section states: "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS pg 60 under Medications for chronic pain also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Per progress report dated 08/24/15, treater's reason for the request is "Naprosyn works better than Diclofenac and he has no side effect." Patient has been prescribed Naproxen since at least 02/02/15. The patient continues with right low back pain radiating to the right buttock, right lateral posterior thigh. For medication use in chronic pain, MTUS page 60 requires documentation of pain assessment and function as related to the medication use. In this case, treater has not adequately discussed and documented functional improvement and the effect of pain relief with use of Naproxen. Therefore, the request IS NOT medically necessary.