

Case Number:	CM15-0177380		
Date Assigned:	09/18/2015	Date of Injury:	12/02/2013
Decision Date:	12/03/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/09/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 45 year old male, who sustained an industrial injury on 12-2-2013. The injured worker was being treated for mid and low back pain. Medical records (3-13-2015) indicate thoracic and right scapular pain, rated 6 out of 10. The pain was mostly in the mid thoracic region radiating to the bilateral paraspinal region. The physical exam (3-13-2015) reveals spasms in the thoracic paraspinal muscles, stiffness in the thoracic spine, and tenderness in the right thoracic facet joints, mostly in the mid thoracic region from T4-8 (thoracic 4-8). Medical records (4-4-2015) indicate mid and low back pain, rated 7 out of 10. The physical exam (4-4-2015) reveals an antalgic gait and tightness in the low back area. Per the treating physician (3-13-2015 report): X-rays of the thoracic spine dated 4-2-14 revealed mild diffuse degenerative changes. X-rays of the cervical spine dated 4-2-14 revealed cervical spasms. An MRI of the lumbar spine dated 6-9-2014 revealed mild disc bulges at L3-4 (lumbar 3-4), L4-5 (lumbar 4-5), and L5-S1 (lumbar 5-sacral 1) with neural foraminal narrowing. At L2-3 (lumbar 2-3), there was a disc bulge indenting on the thecal sac with mild neural foraminal narrowing and no significant central canal stenosis. At L5-S1, the disc bulge appeared to be in contact with the right L5 nerve root. Treatment has included work restrictions, home exercises, and medications including Tylenol with codeine since at least 11-2014, Voltaren gel 1%, and Gralise since at least 11-2014. Per the treating physician (4-4-2015 report), the employee has not returned to work. The requested treatments included Tylenol No. 3 and Gabapentin 300mg. On 8-19-2015, the original utilization review non-certified requests for Tylenol No. 3 and Gabapentin 300mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol No. 3 #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 for chronic pain.

Decision rationale: The patient has chronic thoracic back pain for which Tylenol #3, which contains the opioid codeine, is being prescribed. CA MTUS Guidelines state that opioids are not indicated for long-term use. However, this patient has been taking Tylenol #3 on a long-term basis. Criteria for ongoing use of opioids require monitoring of the 4 A's, analgesia, ADLs, appropriate medication use and aberrant activity. There is no evidence of this required monitoring included with the request. There is no functional benefit documented with the use of Tylenol #3. There also appears to be no attempt at using the lowest possible dose or weaning the patient from the medication. Therefore, based on the above, the request is not medically necessary or appropriate.

Gabapentin 300mg #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): Antiepilepsy drugs (AEDs).

Decision rationale: CA MTUS Guidelines state that Gabapentin is a anti-epileptic drug that is also a first-line agent for neuropathic pain, specifically painful diabetic neuropathy and postherpetic neuralgia. This patient has neither of these diagnoses. It is not clear that the patient has a diagnosis of neuropathic pain. The rationale for the use of Gabapentin is not clear. Therefore, the request is not medically necessary or appropriate.