

Case Number:	CM15-0178458		
Date Assigned:	09/18/2015	Date of Injury:	07/01/2011
Decision Date:	10/22/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/10/2015

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 60 year old female with an industrial injury dated 07-01-2011. A review of the medical records indicates that the injured worker is undergoing treatment for lumbalgia, acute musculoskeletal injury and chronic pain. Treatment has included diagnostic studies, prescribed medications, discectomy at L4-5 in April 2012, epidural steroid injection (ESI) with transient relief and periodic follow up visits. Medical records (04-04-2015) indicate that the injured worker reported acute lumbar pain at L4-S1. The injured worker rated current pain a 7 out of 10, constant pain a 5 out of 10, intermittent pain 8 out of 10 and occasional pain a 10 out of 10, depending on activities. The injured worker reported pain improvement from ice packs, prescribed medications (50%), and transcutaneous electrical nerve stimulation (TENS) unit (20%) . the injured worker also reported increase bilateral lower extremities radiculopathy with numbness and tingling in dorsum an plantar right foot. According to the progress note dated 07-24-2015, the injured worker reported ongoing lumbar and bilateral lower extremity pain. The injured worker rated pain a 7 out of 10. The injured worker reported that the pain is partially relieved by medication and the pain is increased with certain activities and or movements. Objective findings (7-24-2015 to 8-22-2015) revealed no acute distress, elevated blood pressure, diminished range of motion, focal tenderness to palpitation at T12-L1, L3-S1 tenderness to palpitation with para lumbar tenderness to palpitation. Medical records indicate that the injured worker has been on Vicodin, Gabapentin and Percocet since at least 10-12-2014. The treatment plan consisted of medication management. Medical records do not indicate any significant functional improvement with treatment. The original utilization review determination (09-01-

2015) denied the request for Vicodin 10/325 mg, 120 - 160 count and Percocet 10, sixty count and partially approved the request for Gabapentin 1200 mg 50 count (original: sixty count).

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 10/325 mg, 120 - 160 count: 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 requested Vicodin 10/325 mg, 120-160 count is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, pages 78-80, Opioids for Chronic Pain, pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has reported increased bilateral lower extremities radiculopathy with numbness and tingling in dorsum a plantar right foot. According to the progress note dated 07-24-2015, the injured worker reported ongoing lumbar and bilateral lower extremity pain. The injured worker rated pain a 7 out of 10. The injured worker reported that the pain is partially relieved by medication and the pain is increased with certain activities and or movements. Objective findings (7-24-2015 to 8-22-2015) revealed no acute distress, elevated blood pressure, diminished range of motion, focal tenderness to palpitation at T12-L1, L3-S1 tenderness to palpitation with para lumbar tenderness to palpitation. Medical records indicate that the injured worker has been on Vicodin, Gabapentin and Percocet since at least 10-12-2014. The treating physician has not documented objective evidence of derived functional benefit such as improvements in activities of daily living, reduced work restrictions, or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criterion noted above not having been met, Vicodin 10/325 mg, 120-160 count is not medically necessary.

Gabapentin 1200 mg, sixty count: 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 requested Gabapentin 1200 mg, sixty count is not medically necessary. Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs, pages 16-18, 21, note that anti-epilepsy drugs are recommended for neuropathic pain due to nerve damage. "Outcome: A good response to the use of AEDs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction."The injured worker has reported increased bilateral lower

extremities radiculopathy with numbness and tingling in dorsum a plantar right foot. According to the progress note dated 07-24-2015, the injured worker reported ongoing lumbar and bilateral lower extremity pain. The injured worker rated pain a 7 out of 10. The injured worker reported that the pain is partially relieved by medication and the pain is increased with certain activities and or movements. Objective findings (7-24-2015 to 8-22-2015) revealed no acute distress, elevated blood pressure, diminished range of motion, focal tenderness to palpitation at T12-L1, L3-S1 tenderness to palpitation with para lumbar tenderness to palpitation. Medical records indicate that the injured worker has been on Vicodin, Gabapentin and Percocet since at least 10-12-2014. The treating physician has not documented the guideline-mandated criteria of percentages of relief to establish the medical necessity for its continued use. The criteria noted above not having been met, Gabapentin 1200 mg, sixty count is not medically necessary.

Percocet 10, sixty count: 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 requested Percocet 10, sixty count is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, pages 78-80, Opioids for Chronic Pain, pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has reported increased bilateral lower extremities radiculopathy with numbness and tingling in dorsum a plantar right foot. According to the progress note dated 07-24-2015, the injured worker reported ongoing lumbar and bilateral lower extremity pain. The injured worker rated pain a 7 out of 10. The injured worker reported that the pain is partially relieved by medication and the pain is increased with certain activities and or movements. Objective findings (7-24-2015 to 8-22-2015) revealed no acute distress, elevated blood pressure, diminished range of motion, focal tenderness to palpitation at T12-L1, L3-S1 tenderness to palpitation with para lumbar tenderness to palpitation. Medical records indicate that the injured worker has been on Vicodin, Gabapentin and Percocet since at least 10-12-2014. The treating physician has not documented objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Percocet 10, sixty count is not medically necessary.