MAXIMUS Federal Services

Case Number:	CM15-0178546		
Date Assigned:	09/18/2015	Date of Injury:	06/22/2014
Decision Date:	10/27/2015	UR Denial Date:	09/02/2015
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: Internal 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 53 year old male who sustained an industrial injury on 6-22-14. A review of the medical records indicates he is undergoing treatment for lumbar sprain and strain, lumbothoracic or thoracic neuritis or radiculitis, thoracic sprain and strain, cerebrovascular disease, and gastritis. Medical records (3-16-15 to 8-21-15) indicate ongoing complaints of low back pain with intermittent radiation to the left lower extremity. His pain rating has varied: 3-16-15: 7 out of 10; 4-23-15: 4 out of 10; 5-8-15: 7 out of 10; 6-5-15: 6 out of 10; 7-1-15: 6 out of 10; 7-24-15: 7 out of 10; and 8-21-15: 6 out of 10. He was noted to be receiving Hydrocodone and Gabapentin on 3-16-15. However, on 4-23-15, he was no longer receiving Hydrocodone. He was receiving Tylenol #3. His pain level was noted to have decreased from 7 out of 10 to 4 out of 10. The injured worker reports that Theracare is "mildly effective" in reducing pain. He reports that he has morning stiffness of his mid-lumbar spine with intermittent numbness and tingling (8-21-15). He reports that he is currently taking TUMS for "mild gastric symptoms". He has a history of gastrointestinal bleeding. He also has a noted depressed mood (8-21-15). The physical examination reveals "pain with 10 degree extension and 70 degrees flexion with complaints of increased muscle spasms with active range of motion (8-21-15)". Diagnostic studies include CT of the thoracic spine, lumbar spine, and head, x-rays of the cervical spine, EMG-NCV of bilateral lower extremities, and an MRI of the lumbar spine. An MRI of the brain was ordered, but is awaiting authorization. Treatment has included narcotic analgesics, muscle relaxants, anticonvulsants, and acupuncture. The requested services are for Tylenol #3, #90, a CBC, and Gabapentin 300mg, #90. The utilization review (9-2-15) indicates denial of all

requested services. The rationale indicates that the guidelines indicate that Tylenol #3 "should be used with caution for patients with drug abuse history and that ongoing use of this medication should be accompanied by an improvement in pain and function". The rationale states "A review of the submitted documents and the patient's file indicates that the patient has a history of substance abuse and a prior review on 5-15-15 non-certified this medication due to similar findings". Regarding the CBC, the rationale indicates that the guidelines "failed to reveal any guidelines or scientific evidence to support the use of a CBC lab to diagnose gastrointestinal bleeding". Regarding the Gabapentin, The rationale states "a review of the submitted documents indicated that this patient had used this medication since January 2015 without documented evidence of at least 30% reduction in pain".

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol No. 3 #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar and Thoracic Chapter, Opioids for Chronic Pain.

Decision rationale: Based on ODG guidelines, for chronic back pain: Opioids appear to be efficacious but should be limited for short-term pain relief in patients with acute low back pain. Long-term efficacy is unclear (>16 weeks), and there is also limited evidence for the use of opioids for chronic low back pain. (Martell-Annals, 2007) (White, 2011) (Franklin, 2009) Failure of activity level to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another. In patients taking opioids for back pain, the prevalence of lifetime substance use disorders has ranged from 36% to 56% (a statistic limited by poor study design). Limited information indicates that up to one-fourth of patients who receive opioids exhibit aberrant medication-taking behavior. (Martell-Annals, 2007) (Chou, 2007) There are three studies comparing Tramadol to placebo that have reported pain relief, but this did not necessarily improve function. (Deshpande, 2007) See also the Low Back Chapter for recommendations in acute pain, where opioids are not recommended except for short use for severe cases, not to exceed 2 weeks. In this case, the patient has been on opioid medications for at least several months without documented significant functional improvement. Therefore, based on ODG guidelines and the information in this case, the request for Tylenol No. 3 #90 is not medically necessary.

CBC Lab: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate On-Line Version, Approach to acute upper gastrointestinal bleeding in adults.

Decision rationale: Based on UpToDate, laboratory tests that should be obtained in patients with acute upper gastrointestinal bleeding include a complete blood count, serum chemistries, liver tests and coagulation studs. In this case, the patient has a history of gastrointestinal bleeding, and if there is suspicion of recurrence, then ordering a CBC is warranted. Therefore based on current evidence based guidelines and the information in this case, the request for a CBC lab is medically necessary.

Gabapentin 300mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar and Thoracic Chapter, Gabapentin.

Decision rationale: Based on ODG guidelines, Gabapentin is recommended as a trial for lumbar spinal stenosis (LSS). Gabapentin, which has been used in the treatment of neuropathic pain, may be effective in the treatment of symptoms associated with LSS. Statistically significant improvement was found in walking distance, pain with movement, and sensory deficit. (Yaksi, 2007) For detailed information, see the Pain Chapter, where Gabapentin is recommended for a variety of pain states. Gabapentin 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. There is limited evidence to show that this medication is effective for acute pain, and for postoperative pain, where there is fairly good evidence that the use of gabapentin and gabapentin-like compounds results in decreased opioid consumption. This beneficial effect, which may be related to an anti-anxiety effect, is accompanied by increased sedation and dizziness. Also recommended as a trial for chronic neuropathic pain that is associated with spinal cord injury. A high quality RCT concluded that gabapentin and ESIs for radicular pain both resulted in modest improvements in pain and function, which persisted through three months. Some differences favored ESIs, but these tended to be small and transient. They recommended a trial with neuropathic drugs as a reasonable first line treatment option. In this case, the patient has been on gabapentin for at least several months and there is no good documentation of improved function. Therefore, based on ODG guidelines and the evidence in this case, the request for Gabapentin 300 mg #90 is not medically necessary.