

Case Number:	CM15-0040108		
Date Assigned:	03/10/2015	Date of Injury:	05/28/2014
Decision Date:	04/20/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/03/2015

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 53 year old female, who sustained an industrial injury on May 28, 2014. She has reported lower back pain radiating to the right hip and thigh and neck pain. Diagnoses have included neck pain, headache, lumbar spine radiculopathy, and disorder of lumbar disc. Treatment to date has included medications, physical therapy, ice and heat. A progress note dated January 29, 2015 indicates a chief complaint of continued lower back pain with radiation to the right hip and thigh and neck pain. The treating physician documented a plan of care that included continuation of physical therapy, medications, a magnetic resonance imaging and follow up care.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 tablets of Codeine-Acetaminophen 300-30mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with neck and low back pain radiating to lower extremity. The request is for 90 TABLETS OF CODEINE-ACETAMINOPHEN 300-30MG. The request for authorization is not provided. She describes the pain as constant, pressure-like, dull, and averages a 5/10 in intensity. She reports increased pain in her back due to the cold weather and stress. Lifting, pushing, pulling and prolonged sitting made the pain worse. Neck and low back range of motion is significantly limited in all directions. Patient is to continue physical therapy. Patient's medications include Gabapentin and Acetaminophen-Codeine, Amitriptyline, Atorvastatin, Ergocalciferol, Hydrochlorothiazide, Hydrocodone-Acetaminophen and Lisinopril. The patient is temporarily totally disabled. MTUS Guidelines 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 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. Treater does not provide reason for the request. The patient is prescribed Tylenol #3 since at least 08/04/14. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Tylenol #3 significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed either, specifically showing significant pain reduction with use of Tylenol #3. No validated instrument is used to show functional improvement. Furthermore, there is no documentation or discussion regarding adverse effects and aberrant drug behavior. There is no UDS, CURES or opioid pain contract. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.

90 capsules of Gabapentin 300 mg with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Medications for chronic pain Page(s): 18-19, 60.

Decision rationale: The patient presents with neck and low back pain radiating to lower extremity. The request is for 90 CAPSULES OF GABAPENTIN 300MG WITH 2 REFILLS. The request for authorization is not provided. She describes the pain as constant, pressure-like, dull, and averages a 5/10 in intensity. She reports increased pain in her back due to the cold weather and stress. Lifting, pushing, pulling and prolonged sitting made the pain worse. Neck and low back range of motion is significantly limited in all directions. Patient is to continue physical therapy. Patient's medications include Gabapentin and Acetaminophen-Codeine, Amitriptyline, Atorvastatin, Ergocalciferol, Hydrochlorothiazide, Hydrocodone-Acetaminophen and Lisinopril. The patient is temporarily totally disabled. MTUS has the following regarding Gabapentin on pg 18, 19: "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." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for

chronic pain. Treater does not provide reason for the request. The patient is prescribed Gabapentin since at least 09/25/14. Per progress report dated 01/29/15, treater states that patient's pain averages a 5/10 in intensity, but does not discuss how Gabapentin is reducing the patient's pain. Treater also states how and when patient is experiencing pain, but gives no discussion on how medication is benefiting the patient. Therefore, given the lack of documentation, the request IS NOT medically necessary.