

Case Number:	CM15-0062766		
Date Assigned:	04/08/2015	Date of Injury:	01/15/2002
Decision Date:	05/14/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	04/02/2015

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 75 year old male, who sustained an industrial injury on 01/15/2002. The initial complaints or symptoms included low back pain. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, MRIs, CT scans, conservative therapies, and epidural steroid injections. Currently, the injured worker complains of chronic low back pain and bilateral lower extremity pain. The diagnoses include lumbar degenerative disc disease, lumbar radiculopathy, depression due to chronic pain and insomnia, insomnia due to chronic pain and depression, lack of resources, knowledge deficits, and situational stress. The treatment plan consisted of refill of medications (gabapentin and Morphine ER), advised injured worker to seek legal counseling and to apply for Covered California, proceed with Qualified Medical Evaluation exam as scheduled, and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine ER 15mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 47-48, 308-310, Chronic Pain Treatment Guidelines Opioids Pages 74-96. Oral morphine Page 96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Oral morphine is not recommended as a primary treatment for persistent pain. The use of opioid analgesics for chronic non-cancer pain is controversial. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for back conditions. The progress reports dated 2/18/15 and 9/26/14 did not document physical examination of the lumbosacral back. Without a documented physical examination of the back, the request for Morphine ER is not supported. Medical records document the long-term use of opioids. ACOEM guidelines indicate that the long-term use of opioids is not recommended for back conditions. Per MTUS, the lowest possible dose of opioid should be prescribed. Per MTUS, oral Morphine is not recommended as a primary treatment for persistent pain. Therefore, the request for Morphine ER is not medically necessary.

Gabapentin 400mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Pages 16-22. Gabapentin (Neurontin) Page 18-19.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that Gabapentin (Neurontin) is considered as a treatment for neuropathic pain. A good response to the use of antiepilepsy drugs (AEDs) has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. The progress reports dated 2/18/15 and 9/26/14 did not document physical examination of the lumbosacral back. Without a documented physical examination of the back, the request for Gabapentin is not supported. Per MTUS, a clinically important response to the use of antiepilepsy drugs (AEDs) should be documented. Per MTUS, there should be documentation of pain relief and improvement in function. The continued use of AEDs depends on improved outcomes. The progress reports dated 2/18/15 and 9/26/14 did not document physical examination of the lumbosacral back. Without a documented physical examination of the back, the request for Gabapentin is not supported. Therefore, the request for Gabapentin is not medically necessary.