

Case Number:	CM15-0064658		
Date Assigned:	04/10/2015	Date of Injury:	01/19/1996
Decision Date:	05/12/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/06/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 66 year old female with an industrial injury dated 01/23/1996. Her diagnosis includes status post lumbar laminectomy and discectomy at lumbar 4-5 and lumbar 5-sacral 1, multilevel lumbar disc protrusion, spondylosis and central and neuro foraminal stenosis, low back pain consistent with facet arthropathy and facet syndrome and right and left trochanteric bursitis. Prior treatments consist of surgery, epidural steroid injections and medications. She presents on 03/10/2015 with complaints of back pain. She wants to move forward with surgery which had been denied. She states her pain is causing extreme dysfunction throughout the day and she "just can't live like this." Physical exam reveals significant tenderness and spasms in the lumbar paraspinal musculature and difficulty with range of motion. Straight leg raise is significantly positive with burning pain. The provider documents random urinary drug screening done on 12/11/2014 was found to be consistent with medications prescribed. CURES' reporting was found to be consistent with medications prescribed on 01/12/2015. Opioid facts and agreement was signed. The provider also documents the injured worker does have signs of progressive pain despite medication usage and she was reporting difficulty maintaining her current prescription level for a month period and had run out two days early. The treatment plan includes follow up for appeal of spinal surgery, increasing the anti-seizure medication she was receiving for pain, anti-inflammatories and pain medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Gabapentin 800mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drug (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18.

Decision rationale: The injured worker sustained a work related injury on 01/23/1996. The medical records provided indicate the diagnosis of status post lumbar laminectomy and discectomy at lumbar 4-5 and lumbar 5-sacral 1, multilevel lumbar disc protrusion, spondylosis and central and neuro foraminal stenosis, low back pain consistent with facet arthropathy and facet syndrome and right and left trochanteric bursitis. Prior treatments consist of surgery, epidural steroid injections and medications. The medical records provided for review do not indicate a medical necessity for One (1) prescription of Gabapentin 800mg #60. Gabapentin is an anti-epilepsy drug. The MTUS recommends the use of the anti-epilepsy drugs for the treatment of neuropathic pain. The continued use of these drugs depends on documented evidence of 30 % reduction in pain; otherwise the MTUS recommends switching to a different first line agent, or combine with another first line agent. The records indicate the injured worker has been on this medication for at least two years, there is no documentation of 30% pain reduction due to the use of this drug: rather the pain has been getting worse. Therefore the request is not medically necessary.

Percocet 7.5mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 01/23/1996. The medical records provided indicate the diagnosis of status post lumbar laminectomy and discectomy at lumbar 4-5 and lumbar 5-sacral 1, multilevel lumbar disc protrusion, spondylosis and central and neuro foraminal stenosis, low back pain consistent with facet arthropathy and facet syndrome and right and left trochanteric bursitis. Prior treatments consist of surgery, epidural steroid injections and medications. The medical records provided for review do not indicate a medical necessity for Percocet 7.5mg #120. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement

or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The records indicate she has been using opioids at least since 2013; rather than improving, but with increasing pain and decreasing function. The request is not medically necessary.