

Case Number:	CM15-0068919		
Date Assigned:	04/16/2015	Date of Injury:	07/26/2000
Decision Date:	06/11/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/10/2015

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: New York
 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 56 year old male, who sustained an industrial injury on 7/26/2000. He reported a lifting injury while repairing a clutch on a school bus. The injured worker was diagnosed as having lumbago, post lumbar fusion, neck pain, and rule out peripheral neuropathy. Treatment to date has included lumbar spinal surgery in 2001, physical therapy, and medications. On 11/18/2014, the most recent PR2 report available for review, the injured worker (IW) complained of difficulty with activities of daily living. His pain levels were not noted and medication use was not described. Physical exam of the lumbar spine revealed spasms and positive straight leg raise testing. Strength in the lumbar and cervical spines was 5/5 and a sensory exam was not noted. A pain management progress note, dated 11/05/2014, noted chronic low back pain and left leg pain, with numbness, tingling, and weakness. His pain was rated 8/10, and constant without pain medications. Pain medications were reported to bring pain down to a tolerable level. Medications included Percocet, Pamelor, Lidoderm patch, Celebrex, Neurontin, and Colace. The pain management progress note, dated 8/27/2014, also noted pain level at 8/10 without medications. The Injured Worker's work status remains permanent and stationary. On March 11, 2015, Utilization Review non-certified a request for Colace. Requests for Pamelor, Percocet and Neurontin were modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Tablets of Pamelor 75 Mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti depressants Page(s): 31.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants, tricyclic antidepressants Page(s): 13-16, 122.

Decision rationale: Pamelor is a tricyclic antidepressant. Tricyclic antidepressants are considered first line treatment for neuropathic pain. Indications include central post stroke pain, post herpetic neuralgia, diabetic polyneuropathy, and post mastectomy pain. The Injured Worker does not have these diagnoses. Documentation supports the Injured Worker has been taking Pamelor, but did not discuss specific response to this medication. Additionally, the request does not include frequency or dosing. Without this documentation, the request for Pamelor is not medically necessary.

60 Tablets of Colace 100 Mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy (with opioids) Page(s): 77.

Decision rationale: CAMTUS chronic pain guidelines recommend prophylactic treatment of constipation when prescribing opiates for analgesia. The Injured Worker has been on opiate medications for a minimum of 6 months and has been taking stool softeners during this time. There is no documentation in the record relating the Injured Worker bowel habits. Ongoing prescribing of Colace in the setting of narcotics is appropriate. However, opiate prescriptions should be closely monitored with ongoing assessments of functional improvements related to prescribed medications. As such, the ongoing use of a Colace is dependent upon the ongoing use of opiates. Additionally, the request does not include dosing frequency or duration. Without this documentation, the request for Colace with refills is not medically necessary.

90 Tablets of Percocet 10/325 Mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 80-81, 86.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief,

functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The Injured Worker has been taking opiates for a minimum of 6 months. The included documentation fails to include the above recommended documentation. In addition, the request does not include dosing frequency or duration. There is not toxicology report included in the record. The request for opiate analgesia is not medically necessary.

120 Tablets of Neurontin 400 Mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin, Anti-Epilepsy Drug Page(s): 16-21, 49.

Decision rationale: According to CA MTUS, gabapentin is an anti-epilepsy drug which has efficacy for diabetic neuropathy or post-herpetic neuropathy. It has also been considered a first line agent for neuropathic pain. There is not sufficient evidence to recommend the use of these medications for the treatment of chronic non-specific, non-neuropathic axial low back pain. Ongoing use of these medications recommends "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 Injured Worker does not have diabetic neuropathy or post-herpetic conditions. The documentation reports improvement of pain with the use of medications, but specific responses to individual medications is not noted in the record. Additionally, the request does not include dosing frequency. Without this documentation, the request for gabapentin is not medically necessary in accordance with MTUS guidelines.