

Case Number:	CM15-0071169		
Date Assigned:	04/21/2015	Date of Injury:	08/02/2002
Decision Date:	06/26/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/15/2015

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: 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 43-year-old female who sustained an industrial injury on 8/2/02. The injured worker reported symptoms in the back, right hip, left shoulder and left foot. The injured worker was diagnosed as having lumbar or lumbosacral disc degeneration, labral tear right hip, mood disorder and sacroiliac pain. Treatments to date have included oral pain medication, topical patches, and physical therapy. Currently, the injured worker complains of pain in the lower back, left shoulder and right hip. The plan of care was for medication prescriptions and a follow up appointment at a later date. A 30-40% improvement in pain from medications is noted and plans to diminish the amount of opioids utilized and trial increased Gabapentin. This individual remains at work with some reported difficulty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy medications for chronic pain Page(s): 18, 19.

Decision rationale: MTUS Guidelines support the use of Gabapentin for chronic pain, in particular if there is component of neuropathic pain, which this individual has. Guidelines also support a trial of increasing dosing to determine if there is a meaningful impact on pain and function. This is being instituted by the treating physician and is supported by Guidelines. The Gabapentin 300mg #120 is medically necessary.

Oxycodone 30mg #120: Overturned

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): 78-80.

Decision rationale: MTUS Guidelines supports the judicious use of opioids if they result in meaningful pain relief and support function, which is best evidenced by returning to work. This individual meets these Guideline criteria with a 30-40% improvement in pain and a return to work. It is also documented that the goal is to taper the opioids to under 120mg equivalents of morphine and this is being initiated. Under these circumstances, the Oxycodone 30mg #120 is supported by Guidelines and is medically necessary.

Oxycontin 80mg #90: Overturned

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): 78-80.

Decision rationale: MTUS Guidelines supports the judicious use of opioids if they result in meaningful pain relief and support function, which is best evidenced by returning to work. This individual meets these Guideline criteria. A 40% improvement in pain and a return to work is documented. It is also documented that the goal is to taper the opioids to under 120mg equivalents of morphine and this is being initiated. Under these circumstances, the Oxycontin 80mg #90 is supported by Guidelines and is medically necessary.

Tazadone 150mg #30: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Mental and Stress - TrazadonePain - Insomnia treatment.

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines address this issue and do allow for the use of Trazadone as a sleep aid when there is a component of anxiety or depression. This individual has a chronic pain syndrome and by definition this includes a

component of depression and distress. The use of Trazadone is supported by Guidelines and is medically necessary.