

Case Number:	CM15-0092927		
Date Assigned:	05/19/2015	Date of Injury:	01/19/1996
Decision Date:	06/18/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/14/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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, who sustained an industrial injury on 1/19/96. The diagnoses have included multi-level lumbar disc protrusion, status post lumbar laminectomy/discectomy, and spondylosis with radiculopathy, lumbar stenosis, low back pain, facet arthropathy, facet syndrome and bilateral trochanteric bursitis. Treatment to date has included medications, activity modifications, lumbar laminectomy surgery, lumbar epidural steroid injection (ESI), physical therapy, and home exercise program (HEP). Currently, as per the physician progress note dated 4/14/14, the injured worker has had follow up exam with the orthopedic spinal surgeon on 3/26/15 and he would like her to undergo additional; physical therapy. The injured worker would like to move forward with physical therapy to see if it can significantly improve her pain versus having surgery. The injured worker reports that her medications reduce her pain from 9/10 on pain scale to 6/10 and she is able to perform her activities of daily living (ADL). The physical exam of the low back reveals tenderness, spasm, difficulty with range of motion, and sitting in antalgic position during exam with leaning to the right. The straight leg raise was positive with burning pain in the left distribution at 50 degrees. She has difficulty with heel and toe walking and feels that her legs are weakening. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine dated 1/29/15 which is noted the physician progress to reveal disc herniation, spinal stenosis, bilateral facet arthropathy, granulation tissue, disc protrusion, severe bilateral neural foraminal narrowing, bilateral facet hypertrophy, disc bulging and spondylolisthesis, scoliosis and post-operative changes compatible with laminectomy. The current medications

included Gabapentin, Celebrex and Percocet. The urine drug screen dated 11/8/13, 12/11/14, 1/12/15, and 3/10 15 was consistent with medications prescribed. The physician treatment plan was 12 more land based physical therapy, continue with medications and follow up in one month to discuss results of physical therapy and need to continue surgical intervention. The physician requested treatments included Percocet 7.5mg #120 and Gabapentin 800mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months along with a recent overlap of Percocet and discontinuation of Norco. The claimant had been on Celebrex in combination with Percocet. There was no mention of tolerance to weaning or Tylenol. Tricyclic failure. Chronic and continued use of Percocet is not medically necessary.

Gabapentin 800mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

Decision rationale: According to the MTUS guidelines: Gabapentin (Neurontin) 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. Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does not have the stated conditions approved for Gabapentin use. Furthermore, the treatment duration was longer than recommended in combination with opioids and NSAIDS. Continued Gabapentin use is not medically necessary.