

Case Number:	CM15-0099923		
Date Assigned:	06/02/2015	Date of Injury:	01/15/2002
Decision Date:	07/08/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/26/2015

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 75 year old male, who sustained an industrial injury on 1/15/02. The diagnoses have included lumbar degenerative disc disease (DDD) with intractable low back pain, lumbar radiculopathy, and depression .Treatment to date has included medications, activity modifications, cane and home exercise program (HEP). Currently, as per the physician progress note dated 4/29/15, the injured worker is for follow up at pain clinic regarding chronic low back pain and lower extremity pain. The injured worker reports that the pain is the same and his function is impaired. He reports that he was more active with the combination pain medications of Morphine and Gabapentin. It is noted that he is not receiving opiates at this time and is only taking Gabapentin that was approved. He reports that activities are limited due to pain and he ambulates with a single point cane. The physical exam reveals blood pressure is 136/78, pain level is 9.5/10 on pain scale, the weight is 218 pounds, he stands throughout the visit and has antalgic gait. The physician progress note dated 3/20/15 documents that the injured worker has a chief complaint of feeling "the same". The activities are as tolerated. He is able to walk with a cane, sit for 15-20 minutes, stand 15-20 minutes, walk for 20 minutes and sleep 4-5 hours a night. The physical exam reveals that the pain is rated 10/10 on pain scale, he is fatigued and uncomfortable appearing shifting position frequently, depressed affect, and antalgic gait. The urine drug screen dated 6/25/14; 10/27/14, 3/20/15 and 4/29/15 were negative as there were no medications prescribed. The physician requested treatments included MS (morphine sulfate) Contin 15 mg IR (immediate release) quantity of 90 and Gabapentin 400 mg quantity of 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS (morphine sulfate) Contin 15 mg IR (immediate release) Qty 90: 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): 78-82.

Decision rationale: The injured worker sustained a work related injury on 1/15/02. The medical records provided indicate the diagnosis of lumbar degenerative disc disease (DDD) with intractable low back pain, lumbar radiculopathy, and depression . Treatment to date has included medications, activity modifications, cane and home exercise program (HEP).The medical records provided for review do not indicate a medical necessity for MS (morphine sulfate) Contin 15 mg IR (immediate release) Qty 90. 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 of 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 medical records indicate that the injured worker had no pain or functional improvement while using this medication between 02/2004 and 10/2014. From 10/2014 to the period of reviewed when the medication was denied, the injured worker has had an improvement in pain or function. Therefore, the injured worker does not meet the guideline recommendation of continuing opioids if the patient has returned to work, or if the patient has improved functioning and pain. The request is not medically necessary.

Gabapentin 400 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (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 1/15/02. The medical records provided indicate the diagnosis of lumbar degenerative disc disease (DDD) with intractable low back pain, lumbar radiculopathy, and depression .Treatment to date has included medications, activity modifications, cane and home exercise program (HEP).The medical records provided for review do not indicate a medical necessity for Gabapentin 400 mg Qty 90. Gabapentin is an anti-epilepsy drug. The MTUS recommends the use of the anti-epilepsy drugs for the treatment of neuropathic pain. The guidelines recommends that continued use be based on evidence of 30 % reduction in pain, otherwise switch to a different

first line agent, or combine with another first line agent. There records indicate the injured worker has not had 30% improvement with this medication. The request is not medically necessary.