

<b>Case Number:</b>	CM13-0002673		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	09/06/2006
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	07/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant was injured on 9/06/06. Her medications and a drug screen are under review. She saw [REDACTED] on 01/20/14 and there was some improvement with physical therapy. Her legs and knees were not so stiff. She was to see [REDACTED] for ongoing pain management. Additional physical therapy was requested. She had an umbilical hernia caused by obesity. Her drug screen dated 03/03/14 was consistent and it revealed acetaminophen, Oxycodone, and Oxymorphone. She has been on the same medications for a prolonged period of time. She saw [REDACTED] on 04/28/14 and then saw [REDACTED] on 04/29/14. She complained of increased low back pain over the last month. Additional physical therapy was pending. She also had lower extremity pain and heaviness in both knees. She had intermittent abdominal pain due to abdominal hernias. She had previously had 2 lumbar epidural steroid injections which were helpful. The dates are unclear but she had the last one on 07/25/13. She was to continue Percocet, Gabapentin, and Robaxin. Percocet was for breakthrough pain, Gabapentin for neuropathic pain and Robaxin for muscle spasms. She rated her pain as level 2/10 with medications and without them it was level 8/10. She had functional improvement in her pain with her current medications and was able to participate in her ADLs. She appeared to be in mild discomfort and had a slow antalgic gait and used a 2 wheeled walker. There was 1+ muscle spasm. She had fairly good range of motion of the low back. There were dressings in the lower extremities. She had mild weakness of the right extensor hallucis longus. There was decreased sensation in the right L5 dermatome. Her Achilles reflexes were mildly asymmetric. She had mild swelling, discoloration and diffuse tenderness about both knees. She had decreased range of motion. The medications were continued and physical therapy was pending authorization. She has a signed opioid contract in the office. She was compliant with the terms. A urine drug screen had shown evidence of compliance with her prescribed medications. She had low back pain and weakness in her legs

with soreness in her hips and pain and swelling of both knees. She was receiving wound care and was using a walker and cane. Her condition was the same. MRI of the left knee on 09/18/13 revealed a bone infarct and severe osteoarthritic changes in the medial knee. There was lateral subluxation of the patella. She also had a rupture of the ACL and tear of the menisci. Low back had tenderness and limited range of motion. She was diagnosed with degenerative lumbar disc disease, trochanteric tendinitis of both hips and patellar joint disease of both knees. She was to continue Percocet, Neurontin, and Robaxin.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **RANDOM URINE DDRUG SCREEN QUARTERLY-4 X TOTAL YEARLY: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 77 Page(s): 77.

**Decision rationale:** The history and documentation do not objectively support the request for quarterly drug screens. The claimant reportedly has been compliant with her medication use and past drug screens were consistent. It is not clear why regular quarterly drug screens are needed at this time and on an ongoing basis. The specific indication for these repeated drug screens, since previous drug screens have been consistent with medication use, has not been described. The medical necessity of this request has not been clearly demonstrated.

#### **NEURONTIN 100 MG T.I.D. FOR NEUROPATHIC PAIN RIGHT LOWER EXTREMITY: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin, page 83 Page(s): 83.

**Decision rationale:** The history and documentation support the request for continued use of Gabapentin which is considered a first line drug for neuropathic type pain, per the MTUS. The MTUS state Gabapentin is an anti-epilepsy drug, which 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. Therefore the request is medically necessary.

#### **ROBAXIN 500 MG T.I.D. MUSCLE RELAXANT: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 97.

**Decision rationale:** The history and documentation do not objectively support the request for continued use of Robaxin at this time. The MTUS state muscle relaxants are recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Chronic and long term use are not supported in this case. The records do not demonstrate the presence of continued muscle spasms and the benefit to the claimant of continued use of this medication has not been established. It is not clear what functional benefit she has received specifically from the use of this medication. The medical necessity of this request has not been demonstrated.

**PERCOCET 5/325MG PRN SEVERE PAIN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain and the 4 A's Page(s): 110.

**Decision rationale:** The history and documentation do not objectively support the request for the opioid, Percocet. The MTUS outlines several components of initiating and continuing opioid treatment and states a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen or non-steroidal anti-inflammatory drugs. The MTUS further explains pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. There is also no indication that periodic monitoring of the claimant's pattern of use and a response to this medication, including assessment of pain relief and functional benefit, has been or will be done. There is no evidence that she has been involved in an ongoing rehab program to help maintain any benefits she received from treatment measures. Additionally, the 4A's analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors should be followed and documented per the guidelines. The claimant's pattern of use of Percocet is unclear other than she takes it. It is not clear when she takes it and specifically what benefit she receives after a dose and how long the reported pain relief lasts. There is no evidence that a pain diary has been recommended and is being kept by the claimant and reviewed by the prescriber. As such, the medical necessity of the ongoing use of Percocet has not been clearly demonstrated. Weaning must be recommended by the provider.