

<b>Case Number:</b>	CM13-0026933		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	03/30/2006
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### 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 Physical Medicine & Rehabilitation 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:

This 52 year-old male patient sustained an injury to his right heel with a fracture when he fell off a roof from about 5-8 feet on 3/30/06 while employed by [REDACTED]. Requests under consideration include. RETRO FENTANYL PATCH 50MCG, APPLY EVERY 3 DAYS, #5 DISPENSED 8/21/13 and RETRO GABAPENTIN 300MG, 1 TABLET AT BEDTIME X 3 DAYS, THEN INCREASE TO 1 TABLET BID, THEN INCREASE TO 1 TAB TID, #90 DISPENSED 8/21/13. Diagnoses list included Pain in Joint involving Ankle and Foot; Lumbago. Report has diagnoses of chronic right ankle/foot pain with multiple surgeries, last in November 2012 with bone graft; chronic low back and right lower extremity pain, rule out lumbar disc herniation; psoriatic skin disorder following his ankle/foot surgery. CT scan of the right ankle on 6/10/13 noted solid bone fusion; chronic heterotopic ossification; mild osteoarthritis. There was a dated 6/7/13 letter from another provider noting patient with positive Methamphetamine in his urine on 2 separate toxicology screening on separate months. It was recommended by another provider for the patient to be referred to a substance abuse professional; however, no report of this. Report of 8/21/13 from the pain management provider noted patient with history of substance abuse; has complaints of stabbing pain through his right foot without improvement from last surgery (2012) rated as 10/10 scale. Medications list Norco 6 tablets/day and OxyContin 30 mg 4 tablets/day for pain and function. Exam noted patient to be 243 pounds; diminished lumbar range of motion with tenderness; positive pelvic rock; right ankle range neutral to 25 degrees of plantarflexion; minimal medial lateral deviation or eversion/inversion movements; well-healed scar; psoriatic lesion on bilateral knees; normal ankle and patellar reflexes; sensation and motor were intact. The patient was prescribed 4 Norco/day; Duragesic patch Q3days; start Neurontin 300 mg to increase to 3x/day; and Relafen 750 mg BID. Requests above were non-certified on 9/5/13 citing guidelines criteria and lack of medical necessity.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **RETRO FENTANYL PATCH 50MCG, APPLY EVERY 3 DAYS, #5 DISPENSED**

**8/21/13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 44, 47, 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, Page(s): s 74-96.

**Decision rationale:** This 52 year-old male patient sustained an injury to his right heel with a fracture when he fell off a roof from about 5-8 feet on 3/30/06 while employed by [REDACTED]. Requests under consideration include. RETRO FENTANYL PATCH 50MCG, APPLY EVERY 3 DAYS, #5 DISPENSED 8/21/13 and RETRO GABAPENTIN 300MG, 1 TABLET AT BEDTIME X 3 DAYS, THEN INCREASE TO 1 TABLET BID, THEN INCREASE TO 1 TAB TID, #90 DISPENSED 8/21/13. Diagnoses list included Pain in Joint involving Ankle and Foot; Lumbago. Report has diagnoses of chronic right ankle/foot pain with multiple surgeries, last in November 2012 with bone graft; chronic low back and right lower extremity pain, rule out lumbar disc herniation; psoriatic skin disorder following his ankle/foot surgery. CT scan of the right ankle on 6/10/13 noted solid bone fusion; chronic heterotopic ossification; mild osteoarthritis. There was a dated 6/7/13 letter from another provider noting patient with positive Methamphetamine in his urine on 2 separate toxicology screening on separate months. It was recommended by another provider for the patient to be referred to a substance abuse professional; however, no report of this. Report of 8/21/13 from the pain management provider noted patient with history of substance abuse; has complaints of stabbing pain through his right foot without improvement from last surgery (2012) rated as 10/10 scale. Medications list Norco 6 tablets/day and OxyContin 30 mg 4 tablets/day for pain and function. Treatment plans have remained the same without any attempt for tapering off long-term use of opioids (OxyContin & Norco) now with added Fentanyl patch. Dosages have remained the same despite the patient's non-compliance with opioid use from inconsistent UDS findings. Multiple urine toxicology screenings have identified discrepancy and positive drug abuse; however, the provider has not addressed these concerns by two other providers nor has the dosing of opiates been adjusted. Without sufficient monitoring of narcotic safety, efficacy, and compliance for this individual, medical necessity for continued treatment has not been established. The RETRO FENTANYL PATCH 50MCG, APPLY EVERY 3 DAYS, #5 DISPENSED 8/21/13 is not medically necessary and appropriate.

### **RETRO GABAPENTIN 300MG, 1 TABLET AT BEDTIME X 3 DAYS, THEN INCREASE TO 1 TABLET BID, THEN INCREASE TO 1 TAB TID, #90 DISPENSED**

**8/21/13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS/GABAPENTIN Page(s): 18.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS/GABAPENTIN Page(s): s 18-19.

**Decision rationale:** The Expert Reviewer's decision rationale: Guidelines states 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; however, submitted reports have not adequately demonstrated the specific indication to support for Neurontin without clinical findings of neuropathic pain as they are attributable to the ankle/foot fracture s/p multiple surgeries now with bilateral psoriatic dermatitis. Submitted reports have not clearly demonstrated neuropathic etiology or any neurological deficits relating to recent low back complaints. The RETRO GABAPENTIN 300MG, 1 TABLET AT BEDTIME X 3 DAYS, THEN INCREASE TO 1 TABLET BID, THEN INCREASE TO 1 TAB TID, #90 DISPENSED 8/21/13 is not medically necessary and appropriate.