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| <b>Case Number:</b>   | CM13-0039313 |                              |            |
| <b>Date Assigned:</b> | 12/18/2013   | <b>Date of Injury:</b>       | 05/09/2011 |
| <b>Decision Date:</b> | 02/20/2014   | <b>UR Denial Date:</b>       | 09/25/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/04/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation 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 physician 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 is a 59 year old female, with a date of injury on 05/09/11. The claimant reported that as a result of her employment with [REDACTED], she- developed pain in the right arm and low back. The right arm pain was referred pain from the neck that started in 2010. She was treated with physical therapy, four cortisone injections in the right shoulder, oral medications including Motrin, ibuprofen, Tylenol, codeine, Norco and morphine sulfate. She thought she gained 10 pounds since May 2011. She developed depression and trouble sleeping. She slept 4-5 interrupted, restless hours per- night. She developed daytime fatigue and somnolence. She took a 1- to 2-hour nap every day. She would doze off upon watching TV, upon silting, upon reading, upon being driven in a car as a passenger. She has had high blood pressure since 2000; treated with hydrochlorothiazide and diabetes mellitus since 2007. The claimant had two lumbar surgeries, the last in February, 2013. She is also complaining of neck, right shoulder, and right knee pain. EMG showed a right C8 radiculopathy. A shoulder MRI showed acromioclavicular (AC) degeneration. The claimant was seen and was on Neurontin, MS, and hydrocodone. She had complaints of increased pain. Her medications were renewed. According to the medical record dated 7/1/2013, the Claimant reported right shoulder pain, pain in the right shoulder girdle area, and pain with lifting. It is relieved with heat, ice, and injections: She has 5/10 pain on average and 9/10 at its worse. She describes an aching, dull, and stiff pain. She is referred by [REDACTED] for consultation only. She is currently retired. She is right-hand dominant. She underwent lumbar spine fusion in February. On 8/2/2012, the Claimant was seen for a follow-up of pain in her neck, back, right arm, right hand, right leg and heart problems. She complains of persistent pain. She has some relief with hydrocodone three or four a day and gabapentin 300 mg four tablets 'twice day. Sh

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 300mg, #240:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Gabapentin is an anti-epilepsy drug ((AEDs) also referred to as an anti-consultant), which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. According to CA MTUS, Gabapentin should not be abruptly discontinued, although this recommendation is made based on seizure therapy. Weaning and/or switching to another drug in this class should be done over the minimum of a week. (Neurontin package insert). Therefore the request for Gabapentin 300mg #240 is medically necessary.

**Hydrocodone-Acetaminophen 10-325, #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 76-77, 82.

**Decision rationale:** The CA MTUS section on Opioids states that Hydrocodone, which is a semi-synthetic opioid and is considered the most potent oral opioid, and Acetaminophen is indicated for moderate to moderately severe pain. Results of studies of opioids for musculoskeletal conditions (as opposed to cancer pain) generally recommend short use of opioids for severe cases, not to exceed 2 weeks, and do not support chronic use. CA MTUS recommends ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. There is no evidence that these recommended guidelines were followed while maintaining this patient on chronic opioid therapy. Therefore the request for Hydrocodone-Acetaminophen 10-325 #90 is not medically necessary.

**Morphine Sulf CA 15mg, #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 74-76, 93.

**Decision rationale:** The CA MTUS section on Opioids, states that Pure Opioids agonist such as MS Contin do not have a ceiling effect for their analgesic efficacy nor do they antagonize (reverse) the effects of other pure opioids. Morphine is the most widely used type of opioid analgesic for the treatment of moderate to severe pain due to its availability, the range of doses offered, and its low cost. The guideline recommends the use of this medication for patients suffering from chronic pain that need continuous analgesics. The guideline recommends a slow taper/wean to prevent withdrawal. CA MTUS recommends ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. There is no evidence that these recommended guidelines were followed while maintaining this patient on chronic opioid therapy. Therefore the request for Morphine Sulf CR 15mg #90 is not medically necessary.