

<b>Case Number:</b>	CM13-0039624		
<b>Date Assigned:</b>	03/24/2014	<b>Date of Injury:</b>	02/04/2009
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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:

The injured worker is a 64-year-old female who reported injury on 02/04/2009. The mechanism of injury was not provided. The documentation of 10/15/2013 revealed the injured worker had previously been treated with a lumbar epidural steroid injection and 8 sessions of physical therapy. It was indicated the injured worker was utilizing liquid hydrocodone 7.5/325, liquid gabapentin 300 mg 3 times a day for neuropathic pain, omeprazole 20 mg twice a day, and Dendracin lotion. The patient was utilizing Fentanyl Patches. The strength nor directions were provided. The injured worker had pain of 7/10 with current medication and without medication the pain was a 10/10. The injured worker had 30% improvement in pain symptoms with current medication. The injured worker indicated she had an improved ability to participate in activities of daily living. It was indicated previous attempts to taper medication had been unsuccessful and the injured worker was compliant with medication regiment. There were no signs of drug seeking behavior. The urine drug screen showed compliance with prescribed medication and the injured worker had a signed opioid contract and remained compliant with those terms. The treatment plan included to titrate liquid hydrocodone/APAP 7.5/325, continue Neurontin 300 mg 3 times a day for neuropathic pain. It was indicated liquid Neurontin was required secondary to previous lap band surgery and lack of efficacy of crushed tablets. The injured worker tried to crush tablets for 30 day period and did not find them effective. Additionally, the treatment plan included omeprazole 20 mg 1 to 2 times per day for gastrointestinal symptoms secondary to opioid medications. The injured worker found omeprazole beneficial to reduce those symptoms. There was a request for an increase of Fentanyl to 25 mcg/hr and to utilize liquid hydrocodone for breakthrough pain although she did not find it adequate for pain relief. The injured worker indicated Fentanyl transdermal patches were beneficial and the injured worker had poor response to oral medication and poor oral absorption due to lap band surgery. The diagnoses included

degenerative spondylolisthesis at L3-4 and L4-5, the patient laminectomy at L3-5, recurrent right leg radiculopathy, obesity and multilevel disc degeneration.

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

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

#### **LIQUID NEURONTIN 300MG TID: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTIEPILEPTIC DRUG Page(s): 16.

**Decision rationale:** California MTUS Guidelines recommend antiepileptic drugs as a first line treatment for neuropathic pain. There should be documentation of an objective decrease in pain and objective functional benefit. The clinical documentation submitted for review indicated the injured worker had a decrease of pain to a 7/10 from 10/10 with medications. Additionally, the injured worker indicated she had 30% improvement in pain symptoms with the current medications and there was documentation of an improved ability to participate in activities of daily living with the medications. The injured worker was noted to be utilizing liquid Neurontin due to lap band surgery and the lack of efficacy of crushed tablets. The request as submitted failed to indicate the quantity of medication being requested. The duration of use could not be established through the supplied documentation. Given the above, the request for liquid Neurontin 300 mg 3 times a day is not medically necessary.

#### **TORADOL INJECTION: 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 TORADOL Page(s): 72.

**Decision rationale:** California MTUS Guidelines indicate that Toradol injections are not indicated for minor or chronic painful conditions. DWC Form RFA and PR-2 requesting the treatment was not provided for review. There was a lack of documented rationale for the necessity for a Toradol injection. Additionally, the request as submitted failed to indicate the percentage of Toradol to be used and how many injections were to be provided as well as the location for the injection. Given the above, the request for Toradol injection is not medically necessary.

#### **LIQUID HYDROCODONE/APAP 7.5/325 15 ML Q6 PRN: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATIONS FOR CHRONIC PAIN, ONGOING MANAGEMENT, OPIOID DOSING Page(s): 60, 78,86.

**Decision rationale:** The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing should not exceed 120 mg oral morphine equivalents per day. The clinical documentation indicated that the Fentanyl was to be increased and the injured worker was to utilize the liquid hydrocodone for breakthrough pain although she did not find it adequate for pain relief. The injured worker had poor response to oral medication and poor oral absorption due to lap band surgery. The injured worker had 30% improvement in pain symptoms with current medications and she had an improved ability to participate in activities of daily living. It was indicated previous attempts to taper medication had been unsuccessful and the injured worker was compliant with medication regiment. There were no signs of drug seeking behavior as the patient had signed an opioid contract, and had a urine drug screen that was appropriate. The duration of use could not be established through the submitted documentation. The request was submitted failed to include a quantity of medication being requested. As the frequency and strength of the Fentanyl were not provided, the cumulative oral morphine equivalents per day could not be established. Given the above, the request for liquid hydrocodone/APAP 7.5/325 15 ml q6 PRN is not medically necessary.

**FENTANYL PATCH:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines DURAGESIC (FENTANYL), ON-GOING MANAGEMENT, OPIOID DOSING Page(s): 44, 78, 86.

**Decision rationale:** California MTUS guidelines indicate that Duragesic (fentanyl) is not recommended as a first-line therapy. The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing should not exceed 120 mg oral morphine equivalents per day. The clinical documentation indicated that the injured worker was on the medication, however, the duration of use could not be established through supplied documentation. It was indicated the injured worker found the patches beneficial and there was a request for an increase of Fentanyl to 25 mcg/hour. The injured worker had 30% improvement in pain symptoms with current medications and she had an improved ability to participate in activities of daily living. It was indicated previous attempts to taper medication had been unsuccessful and the injured worker was compliant with medication regiment. There were no signs of drug seeking behavior as the patient had signed an opioid contract, and had a urine

drug screen that was appropriate. There was a lack of documentation of failure of a first line medication. The request as submitted failed to indicate the frequency, strength and quantity for the requested medication. As the frequency and strength were not provided, the cumulative oral morphine equivalents per day could not be established. Given the above, the request for Fentanyl Patch is not medically necessary.