

<b>Case Number:</b>	CM13-0058191		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/10/2008
<b>Decision Date:</b>	04/07/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 Anesthesia, has a subspecialty in Acupuncture and Pain 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 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:

This is a 33 year old male injured worker with date of injury 8/10/08 with related low back pain with radiation to the legs bilaterally. He was diagnosed with L5 radiculopathy due to spondylolisthesis of L5-S1; discogenic cervical condition with radicular component; left knee sprain; patellar area pain; sexual dysfunction; depression; sleep issues; nightmares; paranoia; shakes and tremors along the left lower extremity; low back sprain; cervical sprain. MRI of the lumbar spine dated 11/2012 revealed broad-based disc protrusion at L4-L5, mild-to-moderate spinal canal stenosis as well as mild narrowing of the caudal margin of neural foramen bilaterally. Treatment to date has included physical therapy, epidural steroid injection, psychotherapy, and medication management. The date of UR decision was 11/15/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG, #60 BT/WN 10/31/2013 AND 10/31/2013: 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, 91.

**Decision rationale:** Note that there are two requests for Norco, this is the earlier request. Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors).The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveal insufficient documentation to support the medical necessity of Norco nor sufficient documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Additionally, the notes do not appropriately review and document functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. 9/16/13 report indicates that the injured worker experiences low back pain at about a 10/10 level radiating into both legs that is reduced to 3/10 with medications. Neck pain is reduced from 6/10 to 0-1/10 with medications, and knee pain is brought from 4-5/10 to 0/10 with medications. Per the same report, the primary treating physician expresses concern that the injured worker was taking 6 to 8 Norcos per day. However, there is no information provided regarding functional status improvement, but there is documentation that functional status remained poor. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. The request is not medically necessary.

**Norco 10/325mg, #60 between 10/31/2013 and 1/13/2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 91.

**Decision rationale:** Note that there are two requests for Norco, this is the later request. This appears to be a prospective request. Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors).The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveal insufficient documentation to support the medical necessity of Norco nor sufficient documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Additionally, the notes do not appropriately review and

document functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. 9/16/13 report indicates that the injured worker experiences low back pain at about a 10/10 level radiating into both legs that is reduced to 3/10 with medications. Neck pain is reduced from 6/10 to 0-1/10 with medications, and knee pain is brought from 4-5/10 to 0/10 with medications. Per the same report, the primary treating physician expresses concern that the injured worker was taking 6 to 8 Norcos per day. However, there is no information provided regarding functional status improvement. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. Based on the information provided, this prospective request for three months supply of a controlled substance was not medically necessary.

**Gabapentin 600mg, #90 between 10/31/2013 and 1/13/2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs, Page(s): 18.

**Decision rationale:** Per MTUS CPMTG, "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." Per 8/22/13 report, the injured worker had intense burning sensation in the lower left extremity, for which he was using Gabapentin. He reported that Gabapentin was effective in controlling his symptoms. Per MTUS CPMTG p17, "After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects." Though the documentation is lacking evidence of functional improvement, it appears the medication is effective for pain, however, the UR physician approved one month's supply. This request is for 3 months supply. The request for 3 months at a time is not medically necessary.

**Naproxen 550mg, #60 between 10/31/2013 and 1/13/2014: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

**Decision rationale:** With regard to the use of NSAIDs for chronic low back pain, the MTUS CPMTG states "Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no

more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another." The request is medically necessary. I respectfully disagree with the UR physician's assertion that because the injured worker was approved the preceding month's supply of this medication, he should be denied the following month's supply prior to follow-up examination, because the MTUS does not mandate that continued functional improvement be documented each month for NSAIDs as it does for AEDs and opiates.

**Effexor 75mg, #60 between 10/31/2013 and 1/13/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 16.

**Decision rationale:** The MTUS CPMTG p16 states "Venlafaxine (Effexor): FDA-approved for anxiety, depression, panic disorder and social phobias. Off-label use for fibromyalgia, neuropathic pain, and diabetic neuropathy." The injured worker has reported depression with the symptoms of sadness, lack of interest, lack of motivation, and difficulty concentrating per 10/31/13 report, as well as neuropathic pain. He had been on this medication for about a month with no documented response when the request for 10/31 was made. It may take up to 6-8 weeks before feeling the full effect of this medication. Effexor 75mg #60 was certified for 10/31/13, as the records submitted for review still do not address the efficacy of this treatment after a total of two months of treatment, the request for three months medication is not medically necessary.