

<b>Case Number:</b>	CM13-0066712		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	07/24/1991
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 56 year old male who was injured on 7/24/91. He was diagnosed with severe neuropathic left arm/hand pain and CRPS left upper extremity. He was treated with multiple oral medications (including Neurontin, Celebrex, opioids, laxatives, muscle relaxants, and antidepressants), physical therapy, and spinal cord stimulator (failed over 5 years ago). It is unclear when these medications were started by the worker and how they affected his function and overall pain level. He was seen on 10/15/13 by his physician complaining of his usual pain of 8/10 in his left hand, even with the use of his medications which included MSER, oxycodone, Neurontin, Cymbalta, Soma, Celebrex, Senna, and Colace. It is unclear exactly how the worker uses these medications. He reports that the pain interferes with his daily activities. He was recommended to continue use of his medications and get a random urine drug test.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prescription of Neurontin 300MG, #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-22.

**Decision rationale:** The MTUS Guidelines state that antiepilepsy drugs (or anti-convulsants) are recommended as first line therapy for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects is required for continual use. Preconception counseling is advised for women of childbearing years before use, and this must be documented. After reviewing the documents available to the reviewer, it appears that at least over the prior months the worker's pain level frequently was reported at an 8, which is less than the required pain relief, and this level is achieved with the use of the other medications (opioids, NSAIDs), and it is not known how much the Neurontin is affecting this pain level as it was not documented. Therefore, without documented pain relief as well as functional benefit (also not included in the periodic review with the worker), the Neurontin is not medically necessary.

**Prescription of Soma 350MG, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Soma (Carisoprodol).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants ; Carisoprodol Page(s): 29, 63-66.

**Decision rationale:** The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. The MTUS also states that carisoprodol specifically is not recommended as it is not indicated for long-term use, mostly due to its side effect profile and its potential for abuse. Weaning may be necessary for patients using high doses of carisoprodol. The worker has been prescribed this medication for many months at least, which is beyond the recommended use, and there is no evidence that the worker is experiencing a recent flare-up which might warrant a short-term use of this medication. Therefore the Soma is not medically necessary.

**Prescription of Celebrex:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Selective Cox-2 NSAIDs; Celecoxib (Celebrex).

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

**Decision rationale:** The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease,

hypertension, kidney disease, at risk for gastrointestinal bleeding. In the case of this worker, he had been using this medication for at least a few months if not more, which is not recommended for the neuropathic chronic pain that he suffers from. Also, there is no record of any specific benefit in functional and pain relief with Celebrex. Therefore, the Celebrex is not medically necessary.

**Prescription of Senna:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. Decision based on Non-MTUS Citation ODG, Pain Section, Opioid-Induced Constipation Treatment as well as Other Medical Treatment Guideline or Medical Evidence: Medscape: Senna, reference.medscape.com.

**Decision rationale:** The MTUS Chronic Pain Guidelines discuss very little about medication use for constipation besides the recommendation to consider treating constipation when initiating opioids. The ODG states that first line therapy for constipation related to opioid use should begin with physical activity, staying hydrated by drinking enough water, and eating a proper diet rich in fiber. Other food-based supplements such as eating prunes (or drinking prune juice) or fiber supplements may be attempted secondarily. If these strategies have been exhausted and the patient still has constipation, then using laxatives as needed may be considered. Senna is a stimulant laxative used for constipation. It is indicated for short-term use, up to 1 week. Stimulant laxatives can lead to dependence electrolyte abnormalities, and should not be used chronically, if possible. In the case of this worker, it is wise to monitor for his constipation risk associated with opioid use. However, it is unclear how the worker is using this medication (daily, or as needed), and there is no record of the worker attempting other methods that have no potential risks. Therefore the Senna is not medically necessary.

**Prescription of Colace:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. Decision based on Non-MTUS Citation ODG, Opioid-Induced Constipation Treatment as well as Other Medical Treatment Guideline or Medical Evidence: Medscape: Colace: reference.medscape.com.

**Decision rationale:** The MTUS Chronic Pain Guidelines discuss very little about medication use for constipation besides the recommendation to consider treating constipation when initiating opioids. The ODG states that first line therapy for constipation related to opioid use should begin with physical activity, staying hydrated by drinking enough water, and eating a proper diet rich in fiber. Other food-based supplements such as eating prunes (or drinking prune juice) or fiber supplements may be attempted secondarily. If these strategies have been exhausted and the

patient still has constipation, then using laxatives as needed may be considered. Colace is a surfactant laxative and stool softener used for constipation. It is indicated for short-term use, and is not recommended for chronic use due to the risks of dependence and electrolyte disturbances. In the case of this worker, there is need for monitoring for side effects of his opioids, including constipation, but there is no record reporting the worker's use of this medication (daily use vs. as needed), and there is also no evidence of the worker having tried other methods without potential side effects as stated above. Therefore, the Colace is not medically necessary.