

<b>Case Number:</b>	CM13-0070723		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	02/23/2006
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 Anesthesiology, 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 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 41year old male with a date of injury of 2/23/06 and with related low back pain. On occasion, he has intermittent radiating symptoms down the right leg. Per 11/4/13 progress report, he was 10 days early for his regularly scheduled appointment, he was having a flare up in his back and was having to take 5 Percocet a day and ran out of his medications. He was at the time continuing to work full time; he had not missed work but he was having difficulties. MRI dated 10/29/12 revealed disc herniations causing spinal stenosis at L4-L5, L5-S1, and an annular tear at L5-S1. EMG/NCV studies (date unknown) were consistent with right S1 radiculopathy. The documentation submitted for review does not state that physical therapy was utilized. The date of UR decision was 12/03/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR PERCOCET 5/325MG (#150 WITH ONE (1) REFILL), #300 (DOS: 11/04/2013):** Overturned

**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): 78,92.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing 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 reveals that the injured worker was having a flare up of back pain and a prescription for an increase of Percocet 4 times a day to 5 times a day was given. The records do not include specific details about pain relief or functional improvement, however, it is noted that with the use of medications he has been able to continue working full time. Efforts to rule out aberrant behavior (e.g. CURES report, Urine Drug Screen (UDS), opiate agreement) are necessary to assure safe usage and establish medical necessity. A random drug screen was performed 9/12/13 and was consistent. It should be noted that the UR physician has certified a modification of this request. The Independent Medical Reviewer, however, respectfully disagrees with the UR physician's assertion that "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" are required to be documented to support the request. The MTUS does not state it is absolutely mandatory to document each of these clinical details every assessment and that their absence requires discontinuation. Functional improvement is evidenced by the injured worker's continuation of full time work. The request is medically necessary.

**RETROSPECTIVE REQUEST FOR NEURONTIN 800MG, #180 (DOS: 11/4/2013):**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drug (AED) Page(s): 17.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTIEPILEPTIC DRUGS Page(s): 16,18.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines, "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 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 anti-epileptic drugs (AEDs) depends on improved outcomes versus tolerability of adverse effects." The documentation submitted for review does not contain information to support the continued use of this medication. The request is not medically necessary. It should be noted that the UR physician has certified a modification of this request for a 1 month supply to allow the MD to document treatment outcomes secondary to this medication.

