

<b>Case Number:</b>	CM14-0105676		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	09/17/2008
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 and Rehabilitation and is licensed to practice in Texas. 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 patient is a 57 year old female who was injured on 09/17/2008. The mechanism of injury is unknown. The patient underwent C4-C7 anterior cervical fusion on 09/06/2012. There are no drug toxicology reports available. Progress report dated 06/06/2014 states the patient presented to the office with low back pain radiating into both legs. The pain is increased with physical activity. On exam, her deep tendon reflexes were 2/2 in knee and ankle joint and motor strength was 5/5 in lower extremities. The patient was diagnosed with lumbosacral disc injury; lumbosacral sprain/strain; and lumbosacral radiculopathy. She was recommended to continue Norco 3 to 5 tablets a day; Tramadol 2 tablets a day; Ketoprofen cream and Neurontin 3 tablets for pain control. Prior utilization review dated 07/01/2014 states the request for Norco 10/325mg #60 is modified to certify Norco 10/325 mg #60 for 1 month to allow for weaning; Tramadol 150mg #60 is certified for 1 month to allow for weaning; Neurontin 300mg #90 is certified for 1 month to allow for weaning; and Ketoprofen/Gabapentin/Capsaicin Cream is denied as medical necessity has not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Ongoing Management Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - opioids

**Decision rationale:** Chronic Pain Medical Treatment Guidelines as well as Official Disability Guidelines notes that ongoing use of opioids require 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. The 4 A's for Ongoing Monitoring: 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 non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). There is an absence in documentation noting that the claimant has functional improvement with this medication. Quantification of improvement, if any or any documentation that this medication improves psychosocial functioning or that the claimant is being monitored as required. Therefore, the medical necessity of this request is not established.

**Tramadol 150mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids; Tramadol Page(s): 76-96; 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Tramadol

**Decision rationale:** Chronic Pain Medical Treatment Guidelines reflect that Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is an absence in documentation noting the claimant has failed first line of treatment or that he requires opioids at this juncture. Additionally, two short acting opioids are not supported. Therefore, the medical necessity of this request is not established.

**Neurontin 300mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Medications Page(s): 18.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-20. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - Anti Epilepsy Drugs

**Decision rationale:** Chronic Pain Medical Treatment Guidelines as well as Official Disability Guidelines reflect that anti-epileptics are recommended for neuropathic pain. There is an absence in documentation noting that this claimant has objective findings of radiculopathy on exam or that he has neuropathy. Strength is 5/5, reflexes are bilaterally symmetrical. Therefore, the medical necessity of this request is not established.

**Ketoprofen/Gabapentin/Capsaicin Cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter- topical compounds

**Decision rationale:** Chronic Pain Medical Treatment Guidelines as well as Official Disability Guidelines reflect that these medications are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is an absence in documentation noting that this claimant cannot tolerate oral medications or that he has failed first line of treatment. Therefore the medical necessity of this request is not established.