

<b>Case Number:</b>	CM14-0105965		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	01/28/1997
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 51-year-old who reported an injury on 01/28/1997 due to a lower back injury he received while putting stock away. The injured worker has diagnoses of chronic pain syndrome, pathologic fracture of the vertebrae, degeneration of lumbar or lumbosacral intervertebral disc, insomnia due to medical condition, depressive disorder not elsewhere classified, unspecified osteoporosis, obesity, dietary surveillance and counseling, and essential hypertension. The injured worker's past treatments include, intrathecal pump implantation, epidural injections, physical therapy, psychotherapy, spine surgery and medication therapy. Medications include morphine sulfate 15 mg 1 tablet as needed every 4 hours, cyclobenzaprine HCL 10 mg 1 tablet 3 times a day, atenolol 25 mg 1 tablet daily, Lisinopril 10 mg 1 tablet daily, Viagra 100 mg 1 tablet by mouth as needed, Paxil 40 mg 1 tablet before bed, and gabapentin 300 mg 1 to 2 capsules by mouth 3 times a day. The injured worker underwent an x-ray of the lumbar spine 07/09/2010 that showed placement of the intrathecal pump with catheter. There was osteoporosis; with additional mild compression fractures partially visualized in the lower thoracic spine and upper lumbar compression fractures. Mild multilevel degenerative changes. The injured worker has undergone hernia repair in 1997, 1989, and 2008. He has also undergone an intrathecal pump implant in 2006, tonsillectomy in 1970, and a lumpectomy of the right breast negative for cancer 01/2014. The injured worker complained of pain to his back mostly on his left side. He stated that the pain radiated down the entire left leg, which he rated at a 5/10. Physical examination dated 04/17/2014 revealed that the injured worker's neck was restricted in range of motion in all directions. Spurling's sign was negative. Examination of the spine revealed mild increased thoracic kyphotic curvature. Trigger points were absent. There were muscle spasms to the left lumbar. Straight leg raise was positive bilaterally, for lower back pain,

approximately 60 degrees. There was facet tenderness bilaterally in the lumbar region. Most of the injured worker's back was very tender and extremely sensitive to even light touch, especially across the left mid thoracic upper lumbar area. Facet loading test was positive bilaterally. S1 joints were non-tender bilaterally. The injured worker was able to flex forward and touch almost to his toes. The injured worker's exam of the lower extremities revealed a sensory decreased sensation throughout the entire left lower extremity worse on medial aspect. He had normal strength in all groups. His deep tendon reflex was 1+ with knee jerks and absent ankle jerks. The injured worker's treatment plan was to continue medications, which consist of morphine sulfate, Flexeril, Paxil, and gabapentin. The rationale and Request for Authorization were not submitted for review.

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

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

**Morphine Sulfate 15 mg #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Morphine sulfate, MS Contin) Page(s): 78, 93.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Guidelines state there is to be 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. There should also be the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. The submitted report indicated that the injured worker's pain rate was a 5/10, but there was no indication whether that was with or without the morphine sulfate. There was a lack of documentation rating the injured worker's pain before, during, and after the morphine sulfate. There was no mention as to how long the injured worker had been on the morphine sulfate. The MTUS Guidelines also state that there is to be the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. There were no drug screens submitted for review. Furthermore, the Guidelines do not recommend morphine sulfate for use as an as needed analgesic, which are the given directions of the medication for the injured worker. Given that the request did not specify a duration or frequency, and the request is not within the MTUS Guidelines, the request for Morphine Sulfate 15 mg #90 is not medically necessary.

**Flexeril 10 mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41, 64.

**Decision rationale:** The California MTUS states that Cyclobenzaprine (Flexeril) is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. This medication is not recommended to be used for longer than 2-3 weeks. The request submitted did not specify the duration and the frequency of the medication. There was no assessment regarding functional improvement as a result of the medication. In addition, the submitted report dated 02/18/2014 revealed that the injured worker had been on the Flexeril since at least this time and as per Guidelines, Flexeril is not recommended for long-term use. Given the above, the request for ongoing use of Flexeril is not supported by the California MTUS Guidelines. As such, the request for Flexeril 10 mg #90 is not medically necessary.

**Paxil 40 mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain (Tricyclic antidepressants) Page(s): 13-15.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) guidelines state an assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. It is recommended that these outcome measurements should be initiated at one to two weeks of treatment with a recommended trial of at least 6 weeks. There was a lack of documentation as to whether the Paxil was being effective to the injured worker. The efficacy of the medication was not noted. There were also no notations as to the side effects of the medication. Guidelines also state that it has been suggested that the main role of an SSRI may be in addressing psychological symptoms associated with chronic pain. There was no evidence of any psychological assessment being done on the injured worker in regard to the use of Paxil. The submitted request also did not specify a frequency or duration. Given the above, the request for Paxil 40 mg #30 is not medically necessary.

**Gabapentin 300 mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin (Gabapentin) Page(s): 16, 49.

**Decision rationale:** The California MTUS guidelines indicate that Gabapentin (Neurontin) is 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. There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. 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. Guidelines recommend for an adequate trial with Gabapentin is 3 to 8 weeks for titration, then 1 to 2 weeks at maximum tolerated dosage. If there is inadequate control of pain a switch to another first-line drug is recommended. According to the available documentation submitted, the injured worker had a history of neuropathic type pain of the left leg. The progress note dated 02/18/2014 revealed that the injured worker had been on Gabapentin since at least this time and there was only a 1 to 2 point difference in pain level. While it was noted that the injured worker was receiving some pain relief it was not noted whether it was from the Gabapentin or any other prescription medication. The submitted report also lacked note of any adequate control of pain. Furthermore, the request for Gabapentin lacked the duration and frequency. As such, the request for Gabapentin 300 mg #120 is not medically necessary.