

<b>Case Number:</b>	CM14-0014629		
<b>Date Assigned:</b>	02/06/2014	<b>Date of Injury:</b>	01/10/2008
<b>Decision Date:</b>	02/11/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Expedited	<b>Application Received:</b>	02/05/2014

### 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 Physical Medicine and Rehabilitation 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 male sustained an injury on 1/10/08 while employed by [REDACTED]. Requests under consideration include Oxycodone IR 15mg #720, Neurontin 100mg #60, Lodine 300mg #120, and Promethazine 25mg #30. Hand-written illegible report of 12/4/13 from [REDACTED] noted the patient doing fine and was there for medication refills. His pain level is 6/10 with medications. Exam showed alert and oriented x 3 and brace for foot drop. Diagnoses included s/p lumbar laminectomy syndrome and spinal cord stimulator. Requests included continuation of above medications which were non-certified on 1/21/14 citing guidelines criteria and lack of medical necessity. There is a dated appeal letter dated 1/28/14 noting the medication allows the patient to be able to get out of bed and do his activities of daily living. He walks with a walking stick and wears a foot brace for his foot drop. He uses his spinal cord stimulator 14/7 unless driving. Request was to expedite above medications as the patient is proceeding with a cardiac procedure due to some heart condition with a possibility of weaning down his medication in the future.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone IR 15mg #720:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines (May 2009).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines (2009), pages 79-80

**Decision rationale:** This male sustained an injury on 1/10/08 while employed by [REDACTED]. Hand-written illegible report of 12/4/13 from [REDACTED] noted the patient doing fine and was there for medication refills. His pain level is 6/10 with medications. Exam showed alert and oriented x 3 and brace for foot drop. Diagnoses included s/p lumbar laminectomy syndrome and spinal cord stimulator. Requests included continuation of above medications which were non-certified on 1/21/14 citing guidelines criteria and lack of medical necessity. There is a dated appeal letter dated 1/28/14 noting the medication allows the patient to be able to get out of bed and do his activities of daily living. He walks with a walking stick and wears a foot brace for his foot drop. He uses his spinal cord stimulator 14/7 unless driving. Request was to expedite above medications as the patient is proceeding with a cardiac procedure due to some heart condition with a possibility of weaning down his medication in the future. The patient has been receiving chronic high-dose opiate treatment long-term without documented functional benefit or pain relief. There have been multiple reviews with discussion for weaning the patient's narcotic use; however, it appears medication dosing remains unchanged. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. MTUS Chronic Pain, page 79-80, states when to continue Opioids, "(a) If the patient has returned to work or (b) If the patient has improved functioning and pain." Regarding when to discontinue opioids, Guidelines states, "If there is no overall improvement in function, unless there are extenuating circumstances." The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Oxycodone IR 15mg #720 is not medically necessary and appropriate.

**Neurontin 100mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines (May 2009)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Chronic Pain Medical Treatment Guidelines (2009), Anti-Epilepsy Drugs/Gabapentin, pages 18-19

**Decision rationale:** Although 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; however, submitted reports have not adequately demonstrated the specific indication to support for Neurontin without clinical findings of neurological deficits or neuropathic pain. Previous treatment with Neurontin has not resulted in any functional benefit. The Neurontin 100 mg #60 is not medically necessary and appropriate.

**Lodine 300mg #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines (May 2009)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines (2009), NSAIDs (non-steroidal anti-inflammatory drugs), Page 22

**Decision rationale:** Lodine (etodolac) is a member of the pyranocarboxylic acid group of nonsteroidal anti-inflammatory drugs (NSAIDs). Lodine (etodolac capsules and tablets) is indicated for acute management of signs and symptoms of the osteoarthritis, rheumatoid arthritis, and for the management of acute pain. Prolonged use carries an increased risk of serious cardiovascular (CV) thrombotic events, myocardial infarction, and stroke, which can be fatal. Per Guidelines, anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of Lodine's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue Lodine for an injury of 2008 nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAIDs are a second line medication after use of acetaminophen especially in light of the patient's heart condition as noted by the provider. Lodine 300mg #120 is not medically necessary or appropriate.

**Promethazine 25mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter; Antiemetics and Promethazine.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter; Antiemetics and Promethazine.

**Decision rationale:** This male sustained an injury on 1/10/08 while employed by [REDACTED]. Phenadoz (Promethazine) is a phenothiazine used to treat or prevent nausea and vomiting. Other labeled use includes nasal congestion, allergic conjunctivitis, allergic rhinitis, and dematographic urticaria. MTUS and ACOEM Treatment Guidelines do not address Promethazine; however, per ODG, Promethazine is not recommended for nausea and vomiting secondary to chronic opioid use, but may be recommended as a sedative and antiemetic in pre-operative and post-operative situations as multiple central nervous system effects are noted with use including somnolence, confusion, sedation, and tardive dyskinesia is also associated with use. Submitted reports have not demonstrated support for ongoing use of this medication nor are there any documented functional improvement documented from treatment already rendered. The Promethazine 25mg #30 is not medically necessary and appropriate.