

<b>Case Number:</b>	CM14-0016578		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	05/29/1996
<b>Decision Date:</b>	11/26/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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, has a subspecialty in 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:

This is a patient with a date of injury of 5/29/96. A utilization review determination dated 1/29/14 recommends modification of Valium, Percocet, and Opana ER. Neurontin was certified. 1/15/14 medical report identifies low back pain with radiating to the lower extremity. Average pain is 5/10 with the use of Opana ER. Medications allow him to have a life. He does have more pain when active and examples include walking the dog, showering, cleaning the house, and working in the garage. Breakthrough pain levels will increase to 8/10 and Percocet drops pain by 50% or greater. On exam, there is tenderness, decreased sensation left plantar aspect of foot, and diminished patellar and Achilles reflexes bilaterally. Urine drug screens have been consistent per the provider and there are no signs of diversionary or aberrant behavior. Recommendations include medications and a course of acupuncture with the possibility of titration of medications should it be successful.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prescription for Valium 5mg, 1 Tab Orally every 8hrs as needed, 30 Days #90 with 3 refills:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 24.

**Decision rationale:** Regarding the request for Valium, Chronic Pain Medical Treatment Guidelines state the benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." Within the documentation available for review, there is no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Valium is not medically necessary.

**Prescription for Neurontin 600mg, 1 Tab orally, 4 Times a Day, 30 Days #120 with 3 refills:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 16-21.

**Decision rationale:** Regarding request for gabapentin (Neurontin), Chronic Pain Medical Treatment Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50 percent reduction in pain and a moderate response is defined as 30 percent reduction in pain. Guidelines go on to state that 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 AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, the patient has neuropathic pain and notes significant pain relief and functional improvement with medication use with no intolerable side effects noted. In light of the above, the currently requested gabapentin (Neurontin) is medically necessary.

**Prescription for Percocet 10/325mg, 1 Tab orally every 4-6 hours as needed for Pain, Max 5/Day, 30 Days #150 with no refills:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 44, 47, 75-79, 120.

**Decision rationale:** Regarding the request for Percocet, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side

effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the medications significantly improve the patient's pain and allow for functional improvement with multiple examples noted. The provider also noted that urine drug screens have been consistent and there is no aberrant behavior. In light of the above, the currently requested Percocet is medically necessary.

**Prescription for Opana Extended release 10mg, 1 Tab orally Every 12 hours, 30 days #60 with no refills:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 44, 47, 75-79, 120.

**Decision rationale:** Regarding the request for Opana ER, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the medications significantly improve the patient's pain and allow for functional improvement with multiple examples noted. The provider also noted that urine drug screens have been consistent and there is no aberrant behavior. In light of the above, the currently requested Opana ER is medically necessary.