

<b>Case Number:</b>	CM14-0134088		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	10/02/2007
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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 Nevada. 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 61 year old female with a reported date of injury on October 02, 2007. The injured worker is noted to have had complaints of chronic right foot pain since August 01, 2012. The claimant has experienced the same right foot pain even after surgical intervention. Pain is rated as 5/10 on the visual analog scale. The quality of pain is intermittent, dull and can increase to a sharp, tingling pain which burns and shoots radiating up her right leg and foot. Exacerbation factors are noted as touching, pushing or walking. Treatment has included lumbar sympathetic blocks, elevating the foot, oral pain medication, physical therapy occupational therapy, and home exercise, all of which have provided temporary relief. Neurological exam has showed allodynia at the right dorsal foot and anterolateral right lower leg, dysesthesia of all toes on the right. Lab work is concurrent with renal failure. Medications: Diagnoses: complex regional pain syndrome (CRPS) of the right foot, S/P hid foot fusion. According to progress note dated 8/12/14, the pain has not changed since last visit, rated at 7/10. On August 13, 2014 a one month supply of the following narcotic and pain relieving medication modalities were recommended to initiate weaning through September 13, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone tab 10mg 30 day supply, Quantity: 90, no refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-92, 97.

**Decision rationale:** According to CA MTUS guidelines, Oxycodone is a short-acting Opioid, recommended for the management of breakthrough pain under certain criteria. The guidelines state continuation of opioids is recommended if the patient has returned to work. The medical records do not establish failure of non-opioid analgesics, such as NSAIDs and there is no mention of ongoing attempts with non-pharmacologic means of pain management. There is little to no documentation of any significant improvement in pain level (i.e. VAS) or function with prior use to demonstrate the efficacy of this medication; the pain has not changed according to the records. There is no evidence of urine drug test in order to monitor compliance. Furthermore, weaning was previously recommended. The medical documents do not support continuation of opioid pain management. Therefore, the medical necessity for Oxycodone has not been established based on guidelines and lack of documentation.

**Morphine sul tab 15mg ER 30 day supply, Quantity: 60, no refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-93.

**Decision rationale:** According to CA MTUS guidelines, Morphine Sulfate, ER is a long-acting Opioid, recommended when continuous around the clock pain relief is desired, under certain criteria. Guidelines indicate "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)." The guidelines state continuation of opioids is recommended if the patient has returned to work. There is no mention of ongoing attempts with non-pharmacologic means of pain management. There is little to no documentation of any significant improvement in pain level (i.e. VAS) or function with prior use to demonstrate the efficacy of this medication; the pain has not changed according to the records. There is no evidence of urine drug test in order to monitor compliance. Furthermore, weaning was previously recommended. The medical documents do not support continuation of opioid pain management. Therefore, the medical necessity for MS ER has not been established based on guidelines and lack of documentation.

**Gabapentin tab 600mg 30 day supply, Quantity: 90 no refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Gabapentin Page(s): 18.

**Decision rationale:** According to the guidelines, an anti-epilepsy drug (AED), such as Gabapentin, is recommended for neuropathic pain (pain due to nerve damage). Gabapentin 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. Other indications are considered off-label. The medical records do not establish the patient has neuropathic pain. There are no subjective complaints, correlative objective clinical findings, and/or corroborative electrodiagnostic evidence to establish active neuropathy is present. There are no signs or symptoms of neuropathy. There is no evidence of significant improvement with prior use. The medical necessity of Gabapentin has not been established under the guidelines.