

<b>Case Number:</b>	CM14-0150082		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	05/28/2012
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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 patient is a 72 year old male with a date of injury on 5/28/2012. Diagnoses include closed rib fracture, scapula fracture, rotator cuff sprain, and is status post right shoulder arthroscopic surgery on 1/31/14. Subjective complaints are of right shoulder pain and low back pain. Physical exam shows tenderness in the right shoulder and arm, lumbar spine and bilateral leg stiffness, and decreased range of motion. Medications include Opana, Norco, gabapentin, and ibuprofen. With medication pain was rate 4-5/10 and without medications patient was unable to function and unable to do routine daily activities. MRI of the lumbar spine showed multilevel degenerative joint disease, and compression fractures at L1 and L4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Opana ER 15mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS; Chronic Pain; Opana (oxymorphone) Opioids for chronic pai.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, Page(s): 74-96.

**Decision rationale:** The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy.

Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation shows stability on medication, increased functional ability, and no adverse side effects. Furthermore, documentation is present of MTUS opioid compliance guidelines including urine drug screen, risk assessment, and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.

**Norco 10/325mg #180:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain; Norco; Opioids for chronic pain Page(s): 80 - 81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, Page(s): 74-96.

**Decision rationale:** The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation shows stability on medication, increased functional ability, and no adverse side effects. Furthermore, documentation is present of MTUS opioid compliance guidelines including urine drug screen, risk assessment, and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.

**Gabapentin 300mg #210:** Upheld

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

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

**Decision rationale:** CA MTUS indicates that gabapentin is an anti-seizure medication that is recommended for neuropathic pain. CA MTUS also adds that following initiation of treatment there should be documentation of at least 30% pain relief and functional improvement. The continued use of an AED for neuropathic pain depends on these improved outcomes. Review of the submitted medical records did not identify any documentation that demonstrated objective neuropathic pain. Also, pain relief or functional improvement was not documented specific to this medication. Therefore, the medical necessity for gabapentin is not established.

**Adderall 10mg #60:** 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), Treatment Index, 12th Edition (web), 2014 www.pdr.net

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PAIN, STIMULANTS/PROVIGIL Other Medical Treatment Guideline or Medical Evidence: FDA: ADDERALL [www.drugs.com](http://www.drugs.com)

**Decision rationale:** The ODG does not recommend stimulants solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing. FDA prescribing information indicates that Adderall can be used for narcolepsy or attention deficit hyperactivity disorder. Submitted records do not indicate diagnoses of ADHD or narcolepsy, and does not offer rationale for this medication. Therefore, the medical necessity for Adderall is not established.