

<b>Case Number:</b>	CM14-0168543		
<b>Date Assigned:</b>	10/16/2014	<b>Date of Injury:</b>	07/25/2014
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 Interventional spine 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:

The patient is a 35-year-old male with a date of injury of 07/25/2014. The listed diagnoses per [REDACTED] are: 1. Rule out cervical, thoracic, and lumbar herniated nucleus pulposus (HNP). 2. Rule out cervical and lumbar radiculopathy. According to progress report 09/03/2014, the patient presents with neck, back, and shoulders, knees, arms, and feet pain. The patient is currently taking Tramadol, Norco, and Etodolac. The patient rates his shoulder pain as 7/10 on the pain scale. The patient has intermittent numbness in the right upper extremity to his hands and fingers. Range of motion in his shoulders are "very limited and he has weakness in both arms." Provider is requesting refill of medications. Utilization review denied the request on 09/10/2014. Treatment reports from 07/25/2014 through 09/03/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 5/325mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88, 89, 76-78.

**Decision rationale:** This patient presents with neck, back, shoulders, knees, arms, and feet pain. The provider is requesting Hydrocodone/APAP 5/325 mg #30. The MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, activities of daily living (ADLs), adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. Review of the medical file indicates the patient has been prescribed Hydrocodone since 07/24/2014. In this case, recommendation for further use of Hydrocodone cannot be supported as the provider does not provide specific functional improvement, or changes in ADLs with long-term use of Norco. Progress report 08/06/2014 indicates that the provider is recommending a "med panel" to evaluate the compliance with medication use, but is no discussion regarding possible aberrant behaviors or adverse side effects. Furthermore, the provider does not provide outcome measures or before and after pain scales to show analgesia, as required by MTUS for chronic opiate use. Given the lack of sufficient documentation for opiate management, Hydrocodone/APAP 5/325mg #30 is not medically necessary and appropriate.

**Gabapentin 600mg #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18, 19.

**Decision rationale:** This patient presents with neck, back, shoulders, knees, arms, and feet pain. The provider is requesting Gabapentin 600 mg #60. Utilization review denied the request stating "there were no clinical supporting documents to confirm the alleged neuropathy diagnosis." The MTUS Guidelines page 18 and 19 has the following regarding Gabapentin, "Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and post-therapeutic neuralgia, and has been considered the first line of treatment for neuropathic pain." This is an initial request for this medication. Given the patient's continued pain and radicular symptoms, a trial of Gabapentin is within guidelines. Therefore, Gabapentin 600mg #60 is medically necessary and appropriate.

**Diclofenac Sodium ER 100mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Anti-Inflammatory (NSAIDs) Medications Page(s): 60, 61, 22.

**Decision rationale:** This patient presents with neck, back, shoulders, knees, arms, and feet pain. Provider is requesting Diclofenac Sodium ER 100 mg #60. Utilization review denied the request stating that the medication has been approved in the past and there is no documentation of subjective or objective benefit from its use. The MTUS Guidelines page 22 supports the use of NSAIDs for chronic low back pain (LBP) and as a first line of treatment. Report 7/24/14 states that the patient has trialed Tylenol without much benefit. It is noted the patient is also taking Voltaren. In this case, continuation of the use of NSAID cannot be supported as the provider does not provide discussion regarding its efficacy. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Given the patient has been taking NSAID on a long-term basis and the provider has not discussed whether there has been any benefit from its use, Diclofenac Sodium ER 100mg #60 is not medically necessary and appropriate.