

<b>Case Number:</b>	CM14-0170659		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	12/10/1999
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	09/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 12/10/99 when, while driving a semi tractor-trailer truck, his vehicle was struck by a train. He sustained significant injuries to the neck and shoulder. Treatments included a cervical spine fusion and rotator cuff repair. He continues to be treated for chronic pain. Treatments have included medications and physical therapy. He was seen on 02/05/14. Medications included MS Contin 100 mg three times per day and 60 mg at night, hydrocodone 10/325 mg 1-2 every six hours, and gabapentin 600-900 mg per day. Medications are referenced as decreasing pain from 8-10/10 down to 4/10 and allowing performance of activities of daily living and with improved function. On 05/08/14. Physical examination findings included decreased right upper extremity strength with diffuse cervical spine and trapezius muscle tenderness and tightness. Right shoulder impingement testing was positive. There was no evidence of either pain behaviors or symptom magnification. Recommendations included a continued home exercise program. His medications were refilled. On 08/11/14 he was continuing to take medications. The note references use of a cane due to difficulty breathing related to scarring of the right lung. He had improved sleep. Medications were continued. On 09/09/14 he had been provided with less than his usual amount of pain medication. The note references a significant increase in pain and he was having difficulty sleeping. He was having difficulty performing activities such as shopping and including activities of daily living. Physical examination findings included cervical spine right upper trapezius, shoulder, and upper arm tenderness with decreased cervical spine range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #240: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Opioids, dosing Page(s): 76 80 86.

**Decision rationale:** Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED (morphine equivalent dose) being prescribed is more than 4 times the recommended MED. Although the claimant has chronic pain and the use opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Therefore Norco 10/325mg #240 is not considered medically necessary.

**Morphine Sulfate 100mg #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Opioids, dosing Page(s): 76 80 86.

**Decision rationale:** Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED (morphine equivalent dose) being prescribed is more than 4 times the recommended MED. Although the claimant has chronic pain and the use opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Therefore Morphine Sulfate 100 mg #90 is not considered medically necessary.

**Morphine Sulfate 60mg #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids, dosing Page(s): 76 80 86.

**Decision rationale:** Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED (morphine equivalent dose) being prescribed is more than 4 times the recommended MED. Although the claimant has chronic pain and the use opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Therefore Morphine Sulfate 60mg is not considered medically necessary.

**Gabapentin 600mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs AEDs Page(s): 16 18.

**Decision rationale:** Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of greater than 1200 mg per day with an adequate trial consisting of three to eight weeks. In this case, the claimant's gabapentin dosing is not consistent with recommended guidelines and therefore it is not medically necessary.