

<b>Case Number:</b>	CM14-0170690		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	12/08/2010
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	09/30/2014
<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 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 46 years old female with an injury date on 12/08/2010. Based on the 09/22/2014 progress report provided by [REDACTED], the diagnoses are:1. Chronic low back pain, degenerative lumbar spondylosis2. Chronic low back pain, Myofascial pain syndrome3. Pain disorder with Psychological pain syndrome4. Insomnia, persistent due to chronic pain5. Chronic headache, concussion6. Post concussion syndrome, concussion7. Concussion, head injuryAccording to this report, the patient complains of "chronic low back pain due to degenerative spondylosis of the lumbar spine" and "chronic pain with both nociceptive and affective components."The patient noted "partial pain relief with her current analgesic medication. Her current analgesic medicines help her maximize her level of physical function and improve her quality of life." Physical exam findings were not included in the file for review. A Urine drug screen was performed today. The patient "continues to work full- time for PG&E."The 07/24/2014 report indicates patient's pain is at a constant 6-7/10 and headaches range from "3 to10." There were no other significant findings noted on this report. The utilization review denied the request on 09/30/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 08/23/2013 to 09/22/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynata 100mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Title 8, California Code of Regulations, section 9792.24.2.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS ;CRITERIA FOR USE OF OPIOIDS Page(s): 60,61;76-78; 88-89.

**Decision rationale:** According to the 09/22/201 report by [REDACTED] this patient presents with "chronic low back pain due to degenerative spondylosis of the lumbar spine" and "chronic pain with both nociceptive and affective components."The treater is requesting Nucynata 100mg #60. Nucynata was first mentioned in the 08/23/2013 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "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 4As (analgesia, ADLs, adverse side effects, and aberrant 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 report shows that the patient "continues to work full- time." There were documentation of pain assessment using a numerical scale describing the patient's pain. There is only a general statement regarding ADL's and the treater states "improve her quality of life." However, no outcome measures are provided; No aberrant drug seeking behavior is discussed, and no discussion regarding side effects. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Recommendation is for denial.

**Norco 10/325 #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Title 8, California Code of Regulations, section 9792.24.2.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS; CRITERIA FOR USE OF OPIOIDS Page(s): 60,61; 76-78; 88, 89.

**Decision rationale:** According to the 09/22/201 report by [REDACTED] this patient presents with ""chronic low back pain due to degenerative spondylosis of the lumbar spine" and "chronic pain with both nociceptive and affective components."The treater is requesting Norco 10/325 #30. Norco was first mentioned in the 08/23/2013 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "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 4As (analgesia, ADLs, adverse side effects, and aberrant 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 report shows that the patient "continues to work full- time." There were documentation of pain assessment using a numerical scale describing the patient's pain. There is

only a general statement regarding ADL's and the treater states "improve her quality of life." However, no outcome measures are provided; No aberrant drug seeking behavior is discussed, and no discussion regarding side effects. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Recommendation is for denial.

**Percocet 5/325 #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Title 8, California Code of Regulations, section 9792.24.2.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS ; CRITERIA FOR USE OF OPIOIDS Page(s): 60-61; 76-78; 88-89.

**Decision rationale:** According to the 09/22/201 report by [REDACTED] this patient presents with "chronic low back pain due to degenerative spondylosis of the lumbar spine" and "chronic pain with both nociceptive and affective components." The treater is requesting Percocet 5/325 #90. Percocet was first mentioned in this report. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "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 4As (analgesia, ADLs, adverse side effects, and aberrant 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 report shows that the patient "continues to work full- time." There were documentation of pain assessment using a numerical scale describing the patient's pain. There is only a general statement regarding ADL's and the treater states "improve her quality of life." However, no outcome measures are provided; No aberrant drug seeking behavior is discussed, and no discussion regarding side effects. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Recommendation is for denial.

**Gabapentin 300mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Title 8, California Code of Regulations, section 9792.24.2.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 18 19 and 49.

**Decision rationale:** According to the 09/22/201 report by [REDACTED] this patient presents with "chronic low back pain due to degenerative spondylosis of the lumbar spine" and "chronic pain with both nociceptive and affective components." The treater is requesting Gabapentin 300mg #180. Gabapentin was first mentioned in the 08/23/2013 report; it is unknown exactly when the patient initially started taking this medication. Regarding Anti-epileptic (AKA anti-convulsants) drugs for pain, MTUS Guidelines recommend for "treatment of diabetic painful neuropathy and

postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." The ODG guidelines support the use of anti-convulsants for neuropathic pain. Review of reports does not indicate the patient has neuropathic pain. The treater does not mention why this medication is being prescribed and with what efficacy. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. Given the lack of a clear diagnosis of neuropathic pain, recommendation is for denial.

**Trazodone 50mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Title 8, California Code of Regulations, section 9792.24.2.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15.

**Decision rationale:** According to the 09/22/201 report by [REDACTED] this patient presents with "chronic low back pain due to degenerative spondylosis of the lumbar spine" and "chronic pain with both nociceptive and affective components." The treater is requesting Trazadone 50mg #30. Trazadone was first mentioned in the 05/06/2014 report; it is unknown exactly when the patient initially started taking this medication. Regarding antidepressants, MTUS recommends it for neuropathic pain, and as a possibility for non-neuropathic pain. In this case, the patient is prescribed Trazadone for probably Psychological pain syndrome and/or insomnia. However, there was no discussion of the efficacy of the medication. The treater does not discuss whether or not the medication is helping with depression or insomnia. MTUS page 60 require that medication efficacy in terms of pain reduction and functional gains must be discussed when used for chronic pain. Recommendation is for denial.