

<b>Case Number:</b>	CM14-0173950		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	07/20/2010
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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 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 underlying date of injury in this case is 07/20/2010. The date of the prior utilization review under appeal is 10/10/2014. On 09/02/2014, the patient was seen in primary treating physician follow-up regarding diagnoses of status post L5-S1 fusion with subsequent hardware removal, sleep disorder, gastrointestinal pain, and hypertension. The patient presented with ongoing stabbing pain in the low back going down both legs with pins and needle sensation. The treating physician was awaiting authorization of an MRI with gadolinium. The treatment plan included diclofenac to decrease the patient's symptoms, gabapentin for neuropathy pain, hydrocodone for breakthrough pain, and tramadol for pain. The treating physician notes that Norco allows the patient to perform some activities of daily living. The treating physician notes that it is not recommended to lower the dose of an opioid if it is working. The treating physician also notes that the treatment guidelines recommend supplemented doses for breakthrough if required for incidental pain or end of dose pain. A prior physician review noted that the documentation did not support evidence for efficacy for ongoing anti-inflammatory medication use at that time and noted that efficacy of gabapentin and the extent of neuropathic pain relief could not be determined. The treating physician also noted that specific benefits to support ongoing opioid use were not documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac XR 100mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67, 68, 70, 74-82, 84.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medication Page(s): 22.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on anti-inflammatory medications, page 22, recommend that anti-inflammatories are the traditional first line of treatment to reduce pain to improve functional restoration. A prior physician review noted that there was not specific information to document the efficacy of this medication. However, the medical records do clearly document substantial subjective pain relief. Moreover, it would not be feasible to discontinue anti-inflammatory medication treatment as well as anti-epileptic medication treatment as well as opioid treatment simultaneously, as recommended by a prior review. The patient does have a substantial musculoskeletal/surgical history and would be expected to require some degree of analgesic management long term. Anti-inflammatory medications are the first-line treatment for musculoskeletal pain. This request is medically necessary.

**Gabapentin 600mg #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti epilepsy Page(s): 17.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epileptic Medication Page(s): 18.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on anti-epileptic medication, page 18, recommend gabapentin as a first-line treatment for neuropathic pain. The prior physician review states that this medication is not supported as necessary without specific verifiable documentation of functional benefit. While strict documentation of functional benefit is particularly necessary for drugs such as opioids with a high risk of aberrant behavior, such risk of aberrant behavior is not noted for gabapentin. The medical records do indicate that the patient reports significant functional benefit from medications, and an ongoing need for both analgesic and neuropathic pain medication relief could be anticipated given the patient's surgical history. Most notably, it would not be feasible to simultaneously taper anti-epileptic and anti-inflammatory and opioid medications, as the patient's underlying diagnosis would be expected to require some degree of ongoing pharmacological pain management. For these reasons, gabapentin is supported by the treatment guidelines. This request is medically necessary.

**Hydrocodone/APAP 10/325mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on opioids/ongoing management, page 78, discuss the four A's of opioid management. These guidelines encourage that the lowest dose of opioids should be used to improve pain and function. The same guidelines on page 83 also specifically discuss tramadol, noting that this is preferred as an initial opioid given that it is considered a weak opioid and thus with less potential for dependence. The treatment notes in this case specifically note functional improvement from opioid medication and specifically discuss a plan to utilize both hydrocodone and tramadol in order to reduce the patient's total opioid needs. Overall, the medical records therefore do meet the four A's of opioid management. This request is medically necessary.

**Tramadol ER 150mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 84.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78 and 83.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on opioids/ongoing management, page 78, discuss the four A's of opioid management. These guidelines encourage that the lowest dose of opioids should be used to improve pain and function. The same guidelines on page 83 also specifically discuss tramadol, noting that this is preferred as an initial opioid given that it is considered a weak opioid and thus with less potential for dependence. The treatment notes in this case specifically note functional improvement from opioid medication and specifically discuss a plan to utilize both hydrocodone and tramadol in order to reduce the patient's total opioid needs. Overall, the medical records therefore do meet the four A's of opioid management. This request is medically necessary.