

<b>Case Number:</b>	CM14-0174073		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	10/15/2012
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	10/16/2014
<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 & Rehabilitation, and is licensed to practice in Texas & Oklahoma. 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 injured worker is a 51-year-old male, who reported an injury on 10/15/2012. The injury reportedly occurred while he was walking back to a table; he hit the table and flew over the table as well as the table tipped over, and his head slammed into a wall. He was falling and suddenly twisted his head and smashed his head onto a concrete ground floor. He lost consciousness for an unknown period of time. On 10/06/2014, his diagnoses included cervical disc degeneration at C5-6 and C6-7 with disc bulge, confirmed by MRI; bilateral neural foraminal narrowing at C5-6 with nerve root effacement, confirmed by MRI; bilateral ulnar neuropathies, confirmed by EMG; right sided C5-6 dorsal rami involvement, confirmed by EMG; post concussion syndrome; and, chronic myofascial pain syndrome. His complaints included constant neck pain shooting down his upper extremities, greater on the right side than on the left, with tingling, numbness, and paresthesias rated at 4/10 to 5/10. He noted some relief of pain after an epidural steroid injection. Upon examination, the paravertebral muscles were noted to have spasms and localized tenderness in the lower cervical and right subclavicular region. Tinel's sign was positive, as was Spurling's maneuver, on the right side. Cervical range of motion was restricted due to pain. It was noted that his pain was under control and manageable with his medications. His medications included Duragesic patch 75 mcg, Relafen 750 mg, Neurontin 600 mg, and Protonix 20 mg. He was instructed to continue range of motion, stretching, strengthening, and spine stabilization exercises at home. A Request for Authorization, dated 10/06/2014, was included in this injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Two prescriptions of Relafen 750 mg # 120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

**Decision rationale:** The request for two prescriptions of Relafen 750 mg # 120 is not medically necessary. The California MTUS Guidelines recommend NSAIDs at the lowest possible dose for the shortest period of time in patients with moderate to severe osteoarthritis pain. The guidelines further state that there is inconsistent evidence for the use of these medications to treat long term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions, such as osteoarthritis and other nociceptive pain. Relafen is prescribed for relief of pain from osteoarthritis. The lowest effective dose of Relafen should be sought for each patient. There was no submitted evidence that this injured worker had a diagnosis of osteoarthritis. There was no explanation in the submitted documentation why 2 prescriptions were being requested. Additionally, there was no frequency of administration included in the request. Therefore, this request for two prescriptions of Relafen 750 mg # 120 is not medically necessary.

**One prescription of Duragesic Patch 50 mcg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids , Duragesic (fentanyl transdermal system) Page(s): 44, 74-95.

**Decision rationale:** The California MTUS Guidelines recommend ongoing review of opioid use, including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain and intensity of pain before and after taking the opioid. Satisfactory response to treatment may be indicated by decreased pain, increased level of function, or improved quality of life. In most cases, analgesic treatment should begin with acetaminophen, aspirin, or antidepressants. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations, including side effects, failed trials of aspirin or antidepressants, quantified efficacy, or drug screens. Duragesic is not recommended as a first line therapy. The FDA approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. Additionally, the request did not specify a quantity or a frequency of application. Therefore, this request for one prescription of Duragesic Patch 50 mcg is not medically necessary.

**Neurontin 600 mg # 120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neurontin (Gabapentin)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs and Gabapentin (Neurontin) Page(s): 16-22 49.

**Decision rationale:** The California MTUS Guidelines note that anti-epilepsy medications are recommended for neuropathic pain. Most randomized controlled trials for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy, with diabetic polyneuropathy being the most common example. There are few randomized controlled trials directed at central pain and none for painful radiculopathy. A good response to the use of AEDs has been defined as a 50% reduction in pain, and a moderate response as a 30% reduction. During treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. Neurontin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain. It has also been recommended for complex regional pain syndrome. There was no documentation submitted that this injured worker had complex regional pain syndrome or postherpetic neuralgia. Additionally, there was no frequency of administration included with the request. Therefore, this request for Neurontin 600 mg # 120 is not medically necessary.