

<b>Case Number:</b>	CM14-0184207		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	07/15/2002
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 39 year old female with an injury date of 07/15/2002. The patient presents with pain in her neck lower back, radiating down her upper and lower extremities bilaterally with numbing or tingling sensations. The patient rates her pain as 4-8/10 on the pain scale, depending on the intake of pain medication. The patient has antalgic gait. The patient presents limited range of cervical or lumbar motion. Her lumbar flexion is 50 degrees, extension is 10 degrees. Straight leg raising is negative. Electromyogram (EMG) and Nerve Conduction (NCV) Studies from 08/21/2013 reveals 1) right L5-S1 lumbosacral radiculopathy without active denervation 2) chronic left L5 lumbar radiculopathy without active denervation 3) no evidence of right or left lumbosacral plexopathy, peripheral neuropathy or distal lower extremity mononeuropathy. EMG/NCV study from 08/14/2013 reveals 1) mild left distal median nerve neuropathy at the wrist (carpal tunnel syndrome) without active denervation 2) no evidence of right or left cervical radiculopathy, right or left brachial plexopathy, or right upper extremity distal nerve neuropathy. Per 09/16/2014 progress report, the patient is utilizing Ultram, Trazodone, Flexeril, Vicodin, Neurontin, Butrans patch and Lidoderm patch. Diagnoses on 09/16/2014 1) Chronic back pain 2) Lumbar facet syndrome 3) Spinal/ lumbar Degenerative Disc Disease (DDD) 4) Neck pain The utilization review determination being challenged is dated on 10/08/2014. Treatments reports were provided from 10/07/2013 to 09/16/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 300 MG #120 with 1 Refill: 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 (Neurontin, Gabarone, generic available). Page(s): 18 and 19.

**Decision rationale:** The patient presents with pain and weakness in her neck, lower back and extremities. The request is for Neurontin 300 MG #120 with 1 Refill. The patient has been utilizing Neurontin since at least 10/07/2013. California Medical Treatment Utilization Schedule (MTUS) guidelines page 18 and 19 states that "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." In this case, the patient appears to have a neuropathic pain component, with positive neurological findings on EMG/NCS studies, including left carpal tunnel syndrome. The treater discusses that it is working in improving and function including these following progress reports; Per 08/14/2014 progress report, the patient states " medications are working well. No side effects reported. With medications patient has been able to care for her children." Per 09/16/2014 progress report. The patient reports ""pain is worse without her pain medications- reporting increased mood disturbance - more depression- when pain levels higher and without sufficient pain medication to address. " Per 09/15/2014 report, "patient notes that the increase has been helpful to reduce her neuropathic pain without side effects." Treatment is medically necessary and appropriate.

**Trazodone 50 MG #60 with 1 Refill: Overturned**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) stress/mental chapter, for trazodone.

**Decision rationale:** The patient presents with pain and weakness in her neck, lower back and extremities. The request is for Trazodone 50 MG #60 with 1 Refill. The patient has been utilizing Trazodone 50mg SIG, 1-2 at bedtime as needed since at least 10/07/2013. Trazodone is a Serotonin reuptake inhibitor, antidepressant medicine. Official Disability Guidelines (ODG) guidelines support Trazodone "as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. See also Insomnia treatment, where it says there is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression." In this case, the treater addresses that the patient's insomnia condition on the 08/18/2014 progress report, stating " patient with sleep interrupted by pain" and explains that the patient has concurrent depression on all of the progress reports, marking "+ depression". Treatment is medically necessary and appropriate.

**Percocet 5/325 MG #42: 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): 76-78.

**Decision rationale:** The patient presents with pain and weakness in her neck, lower back and extremities. The request is for Percocet 5/325mg #42. The patient had not utilized Percocet in the past. The patient has utilized other opioids, such as Ultram and Vicodin since at least 10/07/2013. Before initiating opioid therapy, California Medical Treatment Utilization Schedule (MTUS) guidelines page 76-78 recommend "the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. (d) Baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." In this case, the goal setting, baseline pain assessment and baseline functional assessment are not performed. Per 09/16/2014 progress report, the treater prescribed trial new Percocet 5-325mg, max 2/day as needed for breakthrough pain, when other opioids failed previously and does not address what he hopes to accomplish with the use of opiates. Treatment is not medically necessary and appropriate.

**Conzip 100 MG #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): 76-78.

**Decision rationale:** The patient presents with pain and weakness in her neck, lower back and extremities. The request is for Conzip 100mg #30. The patient had not utilized Conzip (Tramadol) in the past. The patient has utilized other opioids, such as Ultram and Vicodin since at least 10/07/2013. Before initiating opioid therapy, California Medical Treatment Utilization Schedule (MTUS) guidelines page 76-78 recommend "the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. (d) Baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." In this case, the goal setting, baseline pain assessment and baseline functional assessment are not performed. Per 09/16/2014 progress report, the treater prescribed trial new Conzip 100mg QD for long-aching pain relief, when other opioids failed previously. However, the patient has already tried Tramadol in the past without much benefit. It is not known why the treater would like to try same medication. Treatment is not medically necessary and appropriate.