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| <b>Case Number:</b>   | CM14-0023359 |                              |            |
| <b>Date Assigned:</b> | 05/14/2014   | <b>Date of Injury:</b>       | 10/24/2011 |
| <b>Decision Date:</b> | 07/11/2014   | <b>UR Denial Date:</b>       | 01/24/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/24/2014 |

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 is a 46-year-old male presented with chronic pain following a work-related injury on October 2, 2011. On February 14, 2014, the client complained of low back pain radiating into his buttocks and right lower extremity. The claimant also complains of neck pain radiating into his right upper extremity to his hands with numbness and tingling in 2-4 digits on the right. The claimant's medications include gabapentin for neuropathic pain and insomnia, Norflex for muscle spasms and people morphine for chronic pain, which was discontinued on February 5, 2014 due to pruritus. The physical exam revealed tenderness to palpation of the cervical paraspinous muscles to C7 bilaterally, limited extension by 25%, limited lateral tilt by 25% bilaterally, limited flexion to 45, extension was 10, lateral tilt to the right was limited by 35% and to the left was limited by 25%, large surgical scar in the medial aspect of his left forearm, axillary scar on the left, all of which were well healed. An MRI of the cervical spine on September 6, 2012 revealed evidence of C6-7 mild spinal and moderate bilateral foraminal stenosis, small disc protrusions from C3-4 through C5-6, with no significant spinal stenosis, mild uncovertebral spurring at these levels with no significant foraminal stenosis, right paracentral disc protrusion at C4-5 causing minimal mass effect on the ventral sac. The claimant was diagnosed with other pain disorders related to psychological factors, displacement of cervical intervertebral disc without myelopathy, displacement lumbar intervertebral disc without myelopathy, long-term current use of other medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BUPRENORPHINE 0.25MG #60, WITH DATE OF SERVICE: 11/19/13: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 79-80.

**Decision rationale:** The Chronic Pain Guidelines indicate that Buprenorphine may be used for opioid addiction and to manage chronic pain. The guidelines also indicate that the weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances; (b) continuing pain with evidence of intolerable adverse effects; (c) decrease in functioning; (d) resolution of pain; (e) if serious non-adherence is occurring; and (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. Additionally, there is no documentation that the claimant present with opioid addiction or detoxification; therefore, the requested medication is not medically necessary.

**GABAPENTIN 600MG #60, WITH DATE OF SERVICE: 11/19/13: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 17-19.

**Decision rationale:** The Chronic Pain Guidelines indicate that gabapentin is recommended for neuropathic pain (pain due to nerve damage). There is a lack of expert consensus on the treatment of neuropathic pain in general, due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at post-herpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy. The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions. The guidelines also indicate that one (1) recommendation for an adequate trial with gabapentin is three (3) to eight (8) weeks for titration, then one (1) to two (2) weeks at maximum tolerated dosage. The patient should be asked at each visit as to whether there has been a change in pain or function. The claimant did not show improve function on the most recent office visit; therefore the requested medication is not medically necessary.

**ORPHENADRINE EXENDED-RELEASE (ER) 100MG #90, WITH DATE OF SERVICE: 11/19/13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

**Decision rationale:** The Chronic Pain Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Orphenadrine is an anticholinergic drug that is very sedating and is not recommended to combine with other sedating medications; therefore, the requested medication is not medically necessary.