

<b>Case Number:</b>	CM14-0035750		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	08/02/1979
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 65-year-old male who reported an injury on 08/21/1979. The injured worker was evaluated on 02/13/2014. It was documented that the injured worker had suffered from multiple flare-ups due to an inability to receive medications. The injured worker's medications were listed as Neurontin, Norco 10/325 mg, Soma, Fentora, senna, Percocet, Lidoderm, lisinopril, omeprazole, Zyrtec, and cisapride. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker's diagnoses included chronic neck pain, and chronic mid-back pain. A request was made for a refill of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentora 100mcg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Web Edition.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

**Decision rationale:** The injured worker is a 65-year-old male who reported an injury on 08/21/1979. The injured worker was evaluated on 02/13/2014. It was documented that the injured worker had suffered from multiple flare-ups due to an inability to receive medications.

The injured worker's medications were listed as Neurontin, Norco 10/325 mg, Soma, Fentora, senna, Percocet, Lidoderm, lisinopril, omeprazole, Zyrtec, and cisapride. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker's diagnoses included chronic neck pain, and chronic mid-back pain. A request was made for a refill of medications.

**Norco 10/325mg #150 (refills not specified): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Web Edition.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

**Decision rationale:** The MTUS Chronic Pain Guidelines recommends ongoing documentation of functional improvement, a quantitative assessment of pain relief, evidence that the injured worker is monitored for aberrant behavior, and managed side effects. The clinical documentation does indicate that the injured worker has constipation resulting from medication usage. However, the clinical documentation fails to provide any evidence of a quantitative assessment of pain relief to establish efficacy of the medication. Additionally, there is no documentation of functional improvement resulting from medication usage. Therefore, continued use would not be supported. Additionally, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Norco 10/325 mg #150 with no refills is not medically necessary or appropriate.

**Soma 350mg #30 with 2 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Web Edition.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The clinical documentation submitted for review does indicate that the injured worker has been on this medication for an extended duration. The MTUS Chronic Pain Guidelines does not support the use of muscle relaxants in the management of chronic pain. It is recommended that muscle relaxants be used for acute exacerbations of chronic pain for short durations of treatment, not to exceed 2 to 3 weeks. The clinical documentation does indicate that the injured worker has already exceeded the recommended treatment duration. This, in combination with the requested 30 days and 2 refills, would not be supported. There are no exceptional factors noted within the documentation to support extending treatment beyond the MTUS Chronic Pain Guidelines' recommendations. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the request is not medically necessary and appropriate.

**Senokot-S 5/day #90 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Web Edition.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Treatment Page(s): 77.

**Decision rationale:** The MTUS Chronic Pain Guidelines does support the use of prophylactic treatment of constipation in the management of patients with chronic opioid usage. However, the MTUS Chronic Pain Guidelines recommends that continued use of medications in the management of chronic pain be supported by documented functional benefit and symptom response. The clinical documentation does not identify the efficacy of this medication to support continued use. Additionally, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the request is not medically necessary and appropriate.

**Lidoderm Dis 5% #60 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Web Edition.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** The MTUS Chronic Pain Guidelines does not support the use of topical Lidoderm in the management of neuropathic pain unless the patient has failed to respond to oral formulations of anticonvulsants. The clinical documentation submitted for review does not provide any evidence that the injured worker has failed to respond to oral anticonvulsants. Additionally, the requested 2 refills does not allow for ongoing documentation of assessment and efficacy to support continued use. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the request is not medically necessary and appropriate.

**Neurontin 100mg #150 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Web Edition.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain and Anti-epilyptics Page(s): 60, 16.

**Decision rationale:** The MTUS Chronic Pain Guidelines does recommend the use of anticonvulsants in the management of chronic pain. However, the MTUS Chronic Pain

Guidelines recommends that medications used in the management of chronic pain be supported by documentation of functional benefit and evidence of pain relief. The clinical documentation submitted for review does not provide a quantitative assessment of pain relief to support continued use. Additionally, there is no documentation of functional benefit. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the request is not medically necessary and appropriate.

**Percocet 10/325mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Web Edition.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

**Decision rationale:** The MTUS Chronic Pain Guidelines recommends ongoing documentation of functional improvement, a quantitative assessment of pain relief, evidence that the injured worker is monitored for aberrant behavior, and managed side effects. The clinical documentation does indicate that the injured worker has constipation resulting from medication usage. However, the clinical documentation fails to provide any evidence of a quantitative assessment of pain relief to establish efficacy of the medication. Additionally, there is no documentation of functional improvement resulting from medication usage. Therefore, continued use would not be supported. Additionally, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Percocet 10/325 mg #90 is not medically necessary or appropriate.

**Cymbalta 20mg #30 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Web Edition.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain and Anti-depressants Page(s): 60, 16.

**Decision rationale:** The MTUS Chronic Pain Guidelines does recommend the use of antidepressants as a first-line medication in the management of chronic pain. However, the MTUS Chronic Pain Guidelines recommends continued use of medications in the management of chronic pain be supported by documented functional benefit and evidence of pain relief. The clinical documentation submitted for review fails to identify a quantitative assessment of pain relief to support continued use. Additionally, there was no documentation of functional benefit related to medication usage. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. As such, the requested Cymbalta 20 mg #30 with 2 refills is not medically necessary or appropriate.