

<b>Case Number:</b>	CM14-0038825		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	02/18/2011
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 Family Medicine 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 55-year-old female who has submitted a claim for knee and leg sprain and other chronic pain associated with an industrial injury date of February 18, 2011. Medical records from 2013 to 2014 were reviewed. The patient complained of right lower extremity pain rated 6-7/10. She underwent right hip hemiarthroplasty on 2011. However, this has failed and resulted to shortened right leg. Conversion of right hip hemiarthroplasty to total hip arthroplasty was performed on October 24, 2012 with fair result noted. Current pain medications including Duragesic patch, Norco and gabapentin afford less than a half decrease in the symptoms. It was noted in a progress report dated April 11, 2014 that Duragesic patch was discontinued because it caused rashes to the affected area applied. Also, most recent progress reports state that review of urine drug testing showed inappropriate result. The patient is currently unemployed. Physical examination showed an antalgic gait; tenderness of the lumbar paravertebral muscles with moderate spasms; pelvic tilt from shortening of the right leg; tenderness and limitation of motion of the right hip due to pain; generalized muscle atrophy of the right leg; tenderness of the right knee anteromedial and lateral joint line; and tightness of the flexor hallucis longus tendon with tenderness. The diagnoses were chronic lumbosacral strain; fracture at the base of the femoral neck status post hemiarthroplasty; status post right hip total arthroplasty; post operative heterotopic calcification, right hip; leg length discrepancy with shortening on the right; chronic right knee strain; and chronic foot and ankle strain. Treatment to date has included oral and topical analgesics, right hip hemiarthroplasty, right total hip arthroplasty, right hip steroid injection, foot orthotics, physical therapy, and TENS. Utilization review from March 28, 2014 modified the requests for Duragesic patch 25mcg/hr #10 to Duragesic patch 25mcg/hr #8, and Norco 10/325mg #74 to Norco 10/325mg #50 to initiate weaning. Reasons for modification were as follows: there was no documented symptomatic or functional improvement from long-term

use of these medications; and urine drug testing showed inappropriate result. The request for gabapentin 300mg #120 with 3 refills was not included in this utilization review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **DURAGESIC PATCH 25 MCG/HR, #10: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN Page(s): PAGES 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system), Fentanyl transdermal, Opioids, criteria for use, Pag.

**Decision rationale:** Page 44 and 93 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that Duragesic (fentanyl transdermal system) is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. On-going management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guideline also states that opioid intake may be continued when the patient has returned to work and has improved functioning and pain. In this case, Duragesic patch was used as far back as March 2014. However, there was no objective evidence of continued analgesia and functional improvement directly attributed with its use. Moreover, it was noted in a progress report dated April 11, 2014 that Duragesic patch was discontinued because it caused rashes to the affected area applied. Most recent progress reports also state that review of urine drug testing showed inappropriate result. Likewise, the patient has not returned to work. The guideline requires documentation of functional and pain improvement, appropriate medication use, and return to work for continued opioid use. The guideline criteria were not met. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for DURAGESIC PATCH 25 MCG/HR, #10 is not medically necessary.

#### **GABAPENTIN 300 MG, #120 WITH 3 REFILLS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS AEDS/ ANTI CONVULSANTS Page(s): PAGES 16-22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) - Gabapentin (Neurontin, Gabarone™, generic available) Gabapentin.

**Decision rationale:** According to pages 16-18 and 49 of CA MTUS Chronic Pain Medical Treatment Guidelines, gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia. It has been considered as a first-line treatment for neuropathic pain. It is recommended as a trial for patients with lumbar spinal stenosis, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit found in a pilot study. In this case, Gabapentin intake was noted as far back as

February 2014. However, response to the medication was not discussed. The medical records do not clearly reflect continued functional benefit from its use. Moreover, there were no subjective and objective evidences of neuropathy based on the most recent progress reports. The medical necessity has not been established at this time. Therefore, the request for GABAPENTIN 300 MG, #120 WITH 3 REFILLS is not medically necessary.

**NORCO 10/325 MG, #74:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN Page(s): PAGES 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78-80.

**Decision rationale:** As stated on pages 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, on-going management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guideline also states that opioid intake may be continued when the patient has returned to work and has improved functioning and pain. In this case, patient has been on chronic Norco use dating as far back as November 2012. However, there was no objective evidence of continued analgesia and functional improvement directly attributed with its use. Most recent progress reports also state that review of urine drug testing showed inappropriate result. Likewise, the patient has not returned to work. The guideline requires documentation of functional and pain improvement, appropriate medication use, and return to work for continued opioid use. The guideline criteria were not met. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for NORCO 10/325 MG, #74 is not medically necessary.