

<b>Case Number:</b>	CM14-0039598		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	05/17/2004
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 California and Washington. 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 44-year-old male with a reported date of injury on 05/17/2004. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with low back pain, rated at 7/10. Within the clinical note dated 05/21/2014, the physician indicated the injured worker stated the physical therapy aggravates the pain. Upon physical examination, the injured worker presented with 5/5 strength bilateral lower extremities, 5/5 strength bilateral upper extremities, and negative bilateral straight leg raise. Previous conservative care included physical therapy and aquatic therapy. In addition, the clinical note states that the injured worker has utilized high doses of gabapentin with suboptimal pain relief. The handwritten note provided by the injured worker, with unknown date, indicates his pain level is 4/10 without activity and with medications, with activity and medications the pain level gets to 6/10. In addition, the injured worker states that no other therapy has been offered by the doctor, but is willing to participate in physical therapy. The injured worker's diagnoses include major depressive disorder, chronic pain syndrome, and postlaminectomy pain syndrome of the cervical and lumbar spine. The injured worker's medications regimen includes Paxil, Ativan, Lunesta, Lyrica, Colace, OxyContin, OxyContin, and gabapentin. The request for authorization for OxyContin 10/325 mg #140, OxyContin 80 mg #60, and Gabapentin 800 mg #60 was submitted on 03/22/2014. The rationale for the request was not provided within the documentation available for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percoset 10/325 mg #140:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines recommend the ongoing management of Opioids should include the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The clinical documentation provided for review, the injured worker has utilized Norco prior to 09/2013. There is a lack of documentation related to pain relief, functional status, appropriate medication use, and side effects. There is a lack of documentation related to the injured worker's functional deficits to include range of motion values in degrees. In addition, there is a lack of documentation related to the functional and therapeutic benefit in the long-term use of Percoset. Therefore, Percoset 10/325 mg #140 is not medically necessary.

**Oxycontin 80 mg #60:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines recommend the ongoing management of Opioids should include the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The clinical documentation provided for review, the injured worker has utilized Norco prior to 09/2013. There is a lack of documentation related to pain relief, functional status, appropriate medication use, and side effects. There is a lack of documentation related to the injured worker's functional deficits to include range of motion values in degrees. In addition, there is a lack of documentation related to the functional and therapeutic benefit in the long-term use of OxyContin. Therefore, OxyContin 10/325 mg #140 is not medically necessary.

**Gabapentin 800 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs: Gabapentin Page(s): 18-19.

**Decision rationale:** The California MTUS Guidelines state that gabapentin 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. The California MTUS Guidelines recommend an adequate trial period with gabapentin as 3 to 8 weeks for titration, then 1 to 2 weeks at maximum tolerated dose. The injured worker should be asked at each visit as to whether there has been a change in pain or function. The clinical note dated 05/21/2014, the physician indicated that the injured worker has tried high doses of Gabapentin with suboptimal pain relief. In addition, the physician states that he was discontinuing Gabapentin and started Lyrica for neuropathic pain symptoms. The documentation indicates there is a lack of benefit for the ongoing use of gabapentin. Therefore, Gabapentin 800 mg #60 is not medically necessary.