

<b>Case Number:</b>	CM14-0053757		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	07/03/2006
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of July 3, 2006. Thus far, the applicant has been treated with the following: Analgesic medications, attorney representation; transfer of care to and from various providers in various specialties; opioid therapy; and adjuvant medications. In a Utilization Review Report of April 3, 2014, the claims administrator denied a request for Norco 10/325, Norco 2.5/325, and gabapentin. The applicant's attorney subsequently appealed. In a progress note dated October 1, 2013, the applicant was described as not working following total knee arthroplasty on March 18, 2013. The applicant had a variety of comorbidities, including atrial fibrillation, it was noted, and had received 18 sessions of physical therapy and continuous passive motion therapy, it was noted. X-rays of the knee, Norco, naproxen, and tramadol were endorsed while the applicant was placed off of work, on total disability. On September 12, 2013, the applicant was given Zocor for dyslipidemia, Zestril and hydrochlorothiazide for hypertension, and topical Lidoderm patches. The applicant apparently alleged development of derivative issues including bruxism, TMJ, grinding, and psychological stress. On December 23, 2013, the applicant's psychiatrist stated that the applicant had 40% whole-person impairment rating from a mental health perspective. On November 6, 2013, the applicant was described as using albuterol, Tenormin, Wellbutrin, Soma, Cidaflex, Combivent, Colace, Dulera, Flonase, Neurontin, hydrochlorothiazide, Atarax, Levoxyl, Lidoderm, Zestril, Remeron, Naprosyn, Norco, omeprazole, oxybutynin, Zocor, temazepam, and Xanax, it was acknowledged. The applicant's pain complaints were seemingly heightened, it was suggested, at this point. In a handwritten February 10, 2014 progress note, the applicant was described as having persistent complaints of low back, neck, and shoulder pain. The applicant was placed off

of work, on total disability, while Neurontin, Norco, and omeprazole were renewed. There was no discussion of medication efficacy incorporated into the note.

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

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

#### **Hydrocodone/APAP 10/325mg, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

**Decision rationale:** Hydrocodone-acetaminophen is a short-acting opioid. As noted on page 80 of the MTUS Chronic Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work, on total disability. The applicant's pain complaints appear to be heightened from visit to visit as opposed to reduced. There are no clear, concrete, or tangible evidence of any improvements in function achieved as a result of ongoing opioid usage, it is further noted. Rather, it appears that the applicant's function is diminishing from visit to visit, although this does represent, in part, a function of the applicant's widespread mental health issues. For all of the stated reasons, then, the request is not medically necessary.

#### **Hydrocodone/APAP 2.5/325mg, #60:**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management topic.; When to Continue Opioids topic Page(s): 78; 80.

**Decision rationale:** As noted on page 78 of the MTUS Chronic Medical Treatment Guidelines, the lowest possible dose of opioids should be prescribed to improve pain and function. In this case, no rationale for selection and/or ongoing usage of two separate short-acting opioids, hydrocodone-acetaminophen 10-325 and hydrocodone-acetaminophen 2.5-325, was proffered by the attending provider. It was not clearly stated why two separate short-acting opioids were needed here. As with the request for Norco 10/325, the applicant does not meet criteria set forth on page 80 of the MTUS Chronic Medical Treatment Guidelines for continuation of opioid therapy. Specifically, the applicant has failed to return to work. The information on file suggests that the applicant's pain complaints are heightened as opposed to reduced, despite ongoing opioid usage. There is likewise no evidence of any tangible or concrete improvements in function achieved as a result of the same. For all of the stated reasons, then, the request is not medically necessary.

**Gabapentin 600mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin section Page(s): 19.

**Decision rationale:** As noted on page 19 of the MTUS Chronic Medical Treatment Guidelines, it is incumbent on the attending provider prescribing gabapentin to document and/or measure improvements in pain and/or function achieved as a result of ongoing gabapentin therapy. In this case, however, there have been no tangible or concrete improvements in pain or function achieved as a result of ongoing gabapentin usage. The applicant remains off of work, on total disability. The applicant remains highly reliant and highly dependent on opioid therapy. Both of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite ongoing gabapentin usage. Therefore, the request for gabapentin is not medically necessary.