

<b>Case Number:</b>	CM14-0081724		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	03/03/2013
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 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 patient is a 35-year-old female who has submitted a claim for degenerative disc disease of the lumbar spine, lumbar spinal stenosis, lumbar radiculopathy, and cauda equine syndrome associated with an industrial injury date of March 5, 2013. Medical records from 2013-2014 were reviewed. The patient complained of lumbar spine pain, rated 4/10 in severity. It was constant and was made worse by sitting, standing, and heavy lifting. There was associated pain and numbness radiating down the left leg. There was bladder dysfunction noted as well. Physical examination showed paraspinal spasm on the lumbar spine. Range of motion of the lumbar spine was limited. Right sciatic notch was tender as well. There was toe drop on the right. Right lower extremity antalgic gait was noted. Ankle jerk reflex on the right was absent. Straight leg raise test was positive on the right. MRI of the lumbar spine, dated January 28, 2014, revealed spondylosis with interval increase in size of L4-L5 disc extrusion and extension into the right neural foramen. large disc extrusion of the L4-L5 disc causing impingement of the descending nerve roots on the right and blocking of the right lateral recess of L4-L5. Treatment to date has included medications, physical therapy, home exercise program, activity modification, and lumbar epidural steroid injection. Utilization review, dated May 20, 2014, denied the requests for Endocet 10/325mg, Gabapentin 600mg, and Roxicet 5/325mg. Reasons for denial were not made available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Endocet 10-325mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief (analgesia), side effects (adverse side effects), physical and psychosocial functioning (activities of daily living) and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been taking opioids (Norco) since at least March 2013. She started taking Endocet since January 2014. However, specific measures of analgesia and functional improvements such as improvements in activities of daily living were not documented. There was also no documentation of adverse effects or aberrant drug-taking behaviors. The Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Furthermore, the patient was also on Roxicet, which is under the same drug class. It is unclear from the available records why these medications are prescribed simultaneously. Furthermore, the present request failed to specify the quantity to be dispensed. Therefore, the request for Endocet 10-325mg is not medically necessary or appropriate.

**Babapentin 600mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs.

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, 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. It is also recommended as a trial for chronic neuropathic pain that is associated with spinal cord injury, fibromyalgia, and lumbar spinal stenosis. The patient should be asked at each visit as to whether there has been a change in pain or function. In this case, the patient has been prescribed Gabapentin since January 24, 2014. However, there was no mention regarding benefit, functional improvement, or adverse effects noted. Furthermore, the present request failed to specify the quantity to be dispensed. Therefore, the request for Babapentin 600mg is not medically necessary or appropriate.

**Roxicet 5-325mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief (analgesia), side effects (adverse side effects), physical and psychosocial functioning (activities of daily living) and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been taking opioids (Norco) since at least March 2013. She started taking Roxicet since January 2014. However, specific measures of analgesia and functional improvements such as improvements in activities of daily living were not documented. There was also no documentation of adverse effects or aberrant drug-taking behaviors. The Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Furthermore, the patient was also on Endocet, which is under the same drug class. It is unclear from the available records why these medications are taken simultaneously. Furthermore, the present request failed to specify the quantity to be dispensed. Therefore, the request for Roxicet 5-325mg is not medically necessary or appropriate.