

<b>Case Number:</b>	CM14-0089840		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	01/23/1989
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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:

This is a 59-year-old male with a 1/23/89 date of injury. The mechanism of injury occurred throughout his course of employment as a fireman. According to a new provider progress report dated 5/6/14, the patient complained of severe chronic low back pain radiating to his right lower extremities. The patient stated that he has been taking Oxycodone IR 5 mg up to 6 tabs per day for pain relief. He stated that his pain meds only "take the edge off" but don't provide adequate relief. He also stated he is a recovering alcoholic, however he does use marijuana occasionally. Objective findings: symmetrically decreased deep tendon reflexes, extension and rotation of bilateral spine elicits low back pain radiating to hips and buttock. Diagnostic impression (according to patient): chronic low back pain, chronic osteoarthritis, lumbar degenerative disc disease. Treatment to date: medication management, activity modification, spinal fusions, ESI, physical therapy. A UR decision dated 5/15/14 denied the requests for functional restoration program evaluation and trial of MS Contin. The requests for Oxycodone IR 5 mg was modified to 120 tablets and the request for Gabapentin 300 mg was modified to 120 tablets. Regarding FRP evaluation, the patient has at least 5 negative predictors of efficacy for a FRP. He has litigated this industrial injury claim, he is a current daily smoker, his industrial injury was in 1989, he continues with daily opioid use, and he currently rates his pain as severe. Regarding trial of MS Contin and Oxycodone, this patient's ongoing opioid use has not resulted in documentation of a return to work or other functional improvement. Also, he admits to illicit drug use of marijuana. Oxycodone was modified to 120 tablets for weaning purposes. Regarding Gabapentin, there is documentation of suspected neuropathic pain with lumbar radiculopathy. A modified approval of 120 is made for a trial of Gabapentin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional restoration program (FRP) evaluation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 32.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines criteria for functional restoration program participation include an adequate and thorough evaluation; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; a significant loss of ability to function independently; that the patient is not a candidate where surgery or other treatments would clearly be warranted; that the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; and that negative predictors of success above have been addressed. The patient has exhibited aberrant behaviors and has admitted to using marijuana occasionally. There are no documented attempts to return to work since his injury of over 24 years ago. In addition, there is no discussion that the patient is motivated to return to work. There is no documentation that the requesting provider has addressed these negative predictors of the patient's success in a functional restoration program. Therefore, the request for Functional restoration program (FRP) evaluation was not medically necessary.

**MS Contin 15mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 79.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The provider is requesting a trial of MS Contin due to the fact that he is a new patient and has stated that his current pain meds only "take-the edge off" but don't provide adequate relief. However, given the 1989 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. In addition, the patient has exhibited aberrant behavior, as he has admitted to marijuana use. There is no documentation that the provider has addressed this issue. Therefore, the request for MS Contin 15 mg #60 was not medically necessary.

**Oxycodone IR 5mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In fact, the patient stated that his pain medications only "take the edge off" but don't provide adequate relief. In addition, the patient has exhibited aberrant behavior, as he has admitted to marijuana use. There is no documentation that the provider has addressed this issue. Furthermore, there is no documentation of lack of side effects, an opioid pain contract, urine drug screen, or CURES monitoring. The quantity of medication requested was not noted. Therefore, the request for Oxycodone IR 5 mg was not medically necessary.

**Gabapentin IR 300mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18,49. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Neurontin).

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. It is documented that the patient's neurologic exam was positive for paresthesias and the patient has complained of low back pain radiating to his lower extremities. Gabapentin is supported by guidelines as a first-line agent for neuropathic pain. However, a UR decision dated 5/15/14 certified a request for Gabapentin 300 mg for 120 tablets. It is unclear why this duplicate request is being made at this time. In addition, the quantity of medication requested was not noted. Therefore, the request for Gabapentin IR 300 mg was not medically necessary.