

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0091413 |                              |            |
| <b>Date Assigned:</b> | 07/25/2014   | <b>Date of Injury:</b>       | 05/29/2003 |
| <b>Decision Date:</b> | 09/29/2014   | <b>UR Denial Date:</b>       | 06/11/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/17/2014 |

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 63 year old male who sustained an injury on 05/29/03. No specific mechanism of injury was noted. The injured worker is noted to have had a recent lumbar surgical procedure in February of 2014. Other treatment has included acupuncture therapy. Medications for this injured worker have included the use of Duragesic 50mcg per hour as well as Hydromorphone 2mg twice daily. Other medications included Flexeril ER 15mg, Lidoderm patches, Senokot for constipation and Gralise 600mg 3 times daily. The clinical report from 06/19/14 indicated the injured worker's pain scores were reduced by 50% with Duragesic and Hydromorphone. The injured worker was able to perform activities of daily living, which was pertinent as the injured worker lived alone with no help. The injured worker denied any side effects or aberrant medication behaviors. Pill counts have been compliant. The injured worker's last urine drug screen reports were consistent. On objective exam, the injured worker had an antalgic as well as a slow gait with decreased range of motion in the lumbar spine. Straight leg raise was positive to the left. The injured worker was recommended to continue with narcotic medications as he recuperated from surgical intervention. Follow up on 06/25/14 was for a thoracic radiofrequency medial branch neurotomy to the left at T6 and at T7. The requested medications to include Hydromorphone 2mg, Duragesic 50mcg per hour, quantity 15, Senokot, 90 tablets with 5 refills, Gralise 600mg, quantity 60 were all denied by utilization review on 06/20/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 Tablets of Gralise 600mg: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16,60, 77,78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptics Page(s): 16-22.

**Decision rationale:** The injured worker's physical examination findings are consistent with ongoing radicular symptoms involving the left lower extremity. The injured worker's physical examination findings did note a positive straight leg raise to the left with continuing pain in a left lower extremity distribution. Gralise is a recommended 1st line medication in the treatment of neuropathic pain. Given the objective findings consistent with ongoing pain secondary to a neuropathic etiology, the request is medically necessary.

**Hydromorphone 2mg: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

**Decision rationale:** The injured worker does have at least 50% improvement with medications to include Duragesic as well as Hydromorphone. The injured worker had no aberrant medication use or abnormal pill counts. Urine drug screens had been compliant and the injured worker denied any side effects from the medications. The injured worker was noted to be physically active and could perform normal activities of daily living with this medication. Given the documented efficacy of Hydromorphone without evidence of aberrant medication use, the request is medically necessary.

**15 Duragesic patches 50mcg: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Fentanyl transdermal(Duragesic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

**Decision rationale:** The injured worker does have at least 50% improvement with medications to include Duragesic as well as Hydromorphone. The injured worker had no aberrant medication use or abnormal pill counts. Urine drug screens had been compliant and the injured worker denied any side effects from the medications. The injured worker was noted to be physically active and could perform normal activities of daily living with this medication. Given the documented efficacy of Duragesic without evidence of aberrant medication use, the request is medically necessary.

**90 Tablets of Senokot with 5 Refills: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) Chapter Pain Opioid-induced constipation treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:Senokot. (2013). In Physicians' desk reference 67th ed.

**Decision rationale:** The injured worker has had ongoing use of narcotic medications for pain control. A known side effect from chronic narcotics use is the development of constipation. The use of Senokot as a laxative to prevent opioid induced constipation would be medically necessary and standard of care. Therefore, the request is medically necessary.