

<b>Case Number:</b>	CM14-0189312		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	07/07/2006
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 7, 2006. In a Utilization Review Report dated October 27, 2014, the claims administrator failed to approve requests for Dilaudid and Relafen. The claims administrator did not incorporate any guidelines in its rationale but suggested that its decision was based on non-MTUS Third Edition ACOEM Guidelines, the Physician's Desk Reference, and the non-MTUS ODG formulary. The claims administrator stated that it was furnishing the applicant with a partial approval for weaning or tapering purposes. The claims administrator stated that its decision was based on a progress note of October 9, 2014. The applicant's attorney subsequently appealed. In an October 9, 2014 progress note, the applicant reported ongoing complaints of "intractable" low back pain status post earlier failed lumbar laminectomy. The applicant stated that epidural steroid injections and medications, including Dilaudid, were generating appropriate pain relief. The applicant was still using a cane, it was acknowledged. 10/10 pain with medications versus 6/10 pain without medications was appreciated. It was acknowledged that the applicant had failed to return to work. The applicant's medication list included Dilaudid, Tizanidine, Prilosec, Neurontin, Ranitidine, Senna, Levoxyl, Zestril, and Claritin. The applicant was still smoking. Multiple medications were refilled, including Dilaudid and Neurontin. The applicant was using a cane throughout the clinic setting. Permanent work restrictions were renewed which were, in effect, resulting in the applicant's removal from the workplace. The applicant underwent an epidural steroid injection on October 13, 2014. In an earlier note dated September 12, 2014, the applicant again reported ongoing complaints of pain. It was acknowledged that the applicant had failed to return to work owing to ongoing complaints of low back pain. The applicant stated that her low

back pain and bilateral lower extremity pain were worsened. The applicant was still smoking. 10/10 pain without medications versus 6/10 pain with medications was reported.

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

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

**Dilaudid 8 mg #180 ( 30 day supply): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain 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. Here, however, the applicant is off of work. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. The attending provider, while reporting some decrements in pain scores with ongoing medication consumption, including ongoing Dilaudid consumption, has failed to outline any meaningful improvements in function as a result of the same. The fact that the applicant is off of work and continues to use a cane, taken together, implies that ongoing usage of Dilaudid has not, in fact, generated requisite improvements in function. Therefore, the request was not medically necessary.

**Neurontin 600 mg #180 ( 30 day supply): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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 Pain Medical Treatment Guidelines, applicants using Neurontin (gabapentin) should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as a result of the same. Here, while the attending provider has reported some reduction in pain scores reportedly achieved as a result of ongoing medication consumption, including ongoing gabapentin consumption. The attending provider has failed to outline any corresponding, meaningful improvements in function achieved as a result of ongoing gabapentin (Neurontin) usage. The applicant remains off of work. Permanent work restrictions remain in place, unchanged, from visit to visit. The applicant remains dependent on various opioid and non-opioid analgesics, including Dilaudid and tizanidine. The applicant is having difficulty performing activities of daily living as basic as standing and walking. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Neurontin (gabapentin). Therefore, the request was not medically necessary.

