

<b>Case Number:</b>	CM14-0191130		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	06/15/2012
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Management and is licensed to practice in Tennessee. 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 40-year-old male with a 6/15/12 date of injury. According to the most recent medical report provided for review, dated 4/28/14, the patient reported an increase in pain on his neck, rated as a 9/10. He continued to have numbness and tingling to his left upper extremity which radiated down to his fingers. He rated his low back pain as an 8-9/10. He stated that he would like to decrease his Norco because he has felt dysphoria from the higher dose of the medication. The provider has reduced the patient's Norco dose and added Tramadol ER to his medication regimen. Objective findings: tenderness to palpation in the cervical thoracic, and lumbar paraspinals; range of motion of cervical and lumbar spine decreased in all planes; decreased sensation to the left C5, C6, C7, and C8 dermatomes; tenderness in the lumbar facet joints. Diagnostic impression: facet arthropathy of the lumbar spine, HNP of the lumbar spine, cervical and thoracic spines sprain/strain, HNP of the cervical and thoracic spine with stenosis. Treatment to date: medication management, activity modification, and lumbar ESI. A UR decision dated 10/14/14 modified the requests for Hydrocodone/APAP 10/325mg and Tramadol ER 150mg to allow a 1 month supply for weaning and denied the request for CM1-Gabapentin 10%. Regarding Hydrocodone/APAP and Tramadol ER, there is no documentation of a maintained increase in function or decrease in pain with the use of these medications. In addition, there has not been recent provided evidence of screening exams for misuse having been performed, with ongoing UDS and CURES reports to monitor for aberrancy. A specific rationale regarding the decision for CM1-Gabapentin 10% was not provided.

### 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 Page(s): 78 and 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates 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. However, in the medical records provided for review, there is no documentation of significant pain reduction or improved activities of daily living. In fact, the patient still reported his pain levels at 8-9/10 despite the use of medication. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of an opioid pain contract, urine drug screen, or CURES monitoring. Furthermore, the most recent medical record provided for review is dated 4/28/14. More recent records would be required to evaluate the patient's current condition in order to determine the medical necessity of this request. Therefore, the request for Hydrocodone/APAP 10/325mg #60 was not medically necessary.

**Tramadol ER 150mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates 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. However, in the present case, the most recent medical record provided for review is dated 4/28/14. More recent records would be required to evaluate the patient's current condition in order to determine the medical necessity of this request. There is no recent documentation of significant pain relief or improved activities of daily living as a result of the use of this medication. In addition, there is no recent documentation of an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Tramadol ER 150mg #60 was not medically necessary.

**CM1-Gabapentin 10%: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 25,28, 111-113.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025% formulation, Baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other anti-epilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, in the present case, guidelines do not recommend the use of gabapentin in a topical formulation. In addition, there is no documentation as to why this patient cannot tolerate oral medications. A specific rationale identifying why this topical compounded medication would be required in this patient despite lack of guideline support was not provided. Therefore, the request for CM1-Gabapentin 10% was not medically necessary.