

<b>Case Number:</b>	CM14-0199714		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	07/26/1998
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Internal 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 an injured worker with a history of neck, back, hip and wrist conditions. Date of injury was July 26, 1998. The orthopedic agreed medical examination report dated October 5, 2011 documented the use of Lyrica for chronic neuropathic pain. The progress report dated November 4, 2014 documented the history of chronic neck pain with November 2, 1999, cervical magnetic resonance imaging showing moderately severe degenerative disc narrowing at C4-C5, C5-C6, and C6-C7 and mild disc bulging and spurring, with reducing neck pain. There is a history of chronic lumbar sacral pain with July 25, 2001 magnetic resonance imaging findings of minimal degenerative disc desiccation at L3-L4 and L4-L5, and a mild diffuse bulge at L4-L5. There is residual of left total hip replacement in 2007 with fluctuating hip pain with June 7, 2011 computed tomography scan findings of mild periosteal reaction posteriorly in the femur below the level of the greater trochanter and extending towards the level of the tip of the prosthesis suggestive of tug-reaction at the tendinous insertion. There is residual of right wrist injury from 2005 with pain and reduced flexion. The patient signed an opiate contract on October 7, 2013. Interval history was documented. With the reduction of Oxycontin from 20 mg four times a day, to three times a day, and the dose further reduced to 10 mg, significant withdrawal symptoms were experienced, along with increased pain, and myofascial tension developed. Tramadol will be increased to 100 mg four times a day as a consequence of the increased level of pain. Lyrica was increased to 100 mg one capsule twice a day or every 12 hours as needed to treat her neuralgia and to reduce the effects. She continues to exercise with the assistance of the analgesic medications, but she remains in more pain. The severity of her chronic pain remains at 4-7/10. Pain and muscle spasms remain in her back and spread to her cervical spine from her lower back. Butrans 20 micrograms per hour patches one patch weekly continues to be applied with benefit. She sleeps eight hours a night with zero interruptions and ten minutes to induction. She continues

to swim, walk, stretch, and bend daily to tolerance to keep pain under better control. Activities of daily living remain limited, but are tolerated with her prescribed opiate analgesic medications. Physical examination was documented. The patient's affect was minimally upset and anxious in expressing frustration over chronic pain. Sitting was less interrupted by the severity of her pain in the left ischium. She shifted in her chair frequently to reduce pressure on her left hip and buttocks. Cervical spine was examined. Muscle spasm was mild in the left levator scapulae muscles. Spurling's is positive bilaterally. Lateral tilting bilaterally refers pain to the paracervical region. Spasms and pain with palpation over the right trapezius area was noted. Lumbar spine was examined. Paravertebral spasm was moderate on the right extending to the thoracic spine. Straight leg rising on the left allowed 70 degrees and caused immediate spasm, breath-holding, facial flushing and interrupted the examination. Lateral tilting provokes pain complaints. She has pain over the sacroiliac joints with palpation, left greater than right. Patrick's remains significantly positive on the left. The coccyx exhibited tenderness to mild pressure, and left ischium exhibited tenderness. The coccyx was less tender to touch. Tenderness has remained at the left hip region. Tenderness and muscle spasm remained in the left posterior thoracic region. Left lateral and posterior thigh remained tender to light pressure. The patient denies diversion of prescribed medication; trading, selling or lending prescribed medication, smoking, crushing, snorting or injecting medications, combining medication with alcohol, or administering opiate analgesic medications in any manner other than prescribed. Driving while feeling sedated or with reduced cognition related to intake of analgesic medications is denied and the effects of opiate analgesic medications on judgment and reaction time were acknowledged. Awareness of effects of controlled substances on possible respiratory depression and causing death were acknowledged. The treatment plan included requests for Tramadol 50 mg, Oxycontin 20 mg, Lyrica 100 mg, and Gralise 300 mg.

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

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

**Tramadol 50 mg, 120 count:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram); Opioids Page(s): 93-94, 113, 123; 74-96.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address Ultram (Tramadol). Ultram is a centrally acting synthetic opioid analgesic. Ultram is indicated for the management of moderate to moderately severe pain. MTUS Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids: "Do not attempt to lower the dose if it is working." Supplemental doses of break-through medication may be required for incidental pain, end-of-dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Medical records document objective evidence of

pathology on physical examination and imaging studies. Analgesia, activities of daily living, adverse side effects, and aberrant behaviors were addressed. Medical records document regular physician clinical evaluations. Medical records provide support for the prescription of Tramadol. Per MTUS, Ultram (Tramadol) is indicated for the management of moderate to moderately severe pain. MTUS guidelines support the prescription of Ultram (Tramadol). Therefore, the request for Tramadol 50 mg, 120 count is medically necessary.

**Oxycontin 20 mg, ninety count:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids: "Do not attempt to lower the dose if it is working." Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Medical records document objective evidence of pathology on physical examination and imaging studies. Analgesia, activities of daily living, adverse side effects, and aberrant behaviors were addressed. Medical records document regular physician clinical evaluations. Medical records provide support for the prescription of Oxycontin. Therefore, the request for Oxycontin 20 mg, ninety count is medically necessary.

**Lyrica 100 mg, sixty count:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDS); Pregabalin (Lyrica) Page(s): 16-20; 19-20.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that Lyrica (Pregabalin) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin (Lyrica) was also approved to treat fibromyalgia. Lyrica is an anti-epilepsy drug (AED). Antiepilepsy drugs (AEDs) are recommended for neuropathic pain (pain due to nerve damage). Medical records indicate chronic neuropathic pain with evidence of neuropathic pain on physical examination. Medical records document the long-term use of Lyrica for chronic neuropathic pain. Lyrica was prescribed to treat neuralgia. The patient reported benefit with the medication regimen. The use Lyrica is supported by the medical records and MTUS guidelines. Therefore, the request for Lyrica 100 mg, sixty count is medically necessary.

**One prescription of Gralise 300 mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin); Antiepilepsy drugs (AEDS) Page(s): 18-19; 16-20. Decision based on Non-MTUS Citation FDA Prescribing Information Gralise (Gabapentin); <http://www.drugs.com/pro/gralise.html>

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that Gabapentin (Neurontin) is considered as a treatment for neuropathic pain. Gabapentin (Neurontin) is an anti-epilepsy drug (AED). FDA Prescribing Information for Gralise (Gabapentin) reports that Gralise is indicated for the management of postherpetic neuralgia. Gralise is not interchangeable with other Gabapentin products because of differing pharmacokinetic profiles that affect the frequency of administration. Do not use Gralise interchangeably with other Gabapentin products. The progress report dated November 4, 2014 did not discuss the prescription of Gralise. Postherpetic neuralgia was not documented. The FDA indication for Gralise is postherpetic neuralgia. The patient was also prescribed the anti-epilepsy drug Lyrica. The 11/4/14 progress report did not provide a reason for adding a second anti-epilepsy drug to the medication regimen. The medical records do not provide support for the prescription of Gralise. Therefore, the request for Gralise 300 mg is not medically necessary.