

<b>Case Number:</b>	CM14-0202514		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	09/20/2004
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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 Physical Medicine Rehab, has a subspecialty in Interventional Spine, 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 a 40 year old male with an injury date of 04/20/04. Per the 11/05/14 report, the patient presents with lower back pain radiating to the right leg. Pain is rated 5/10 with medications and 9.5/10 without. The patient has global antalgic and slowed gait. He is currently not working. Examination of the lumbar spine reveals range of motion limited by pain. On palpation there is tenderness and tight muscle band on both sides of the paravertebral muscles. Lumbar facet loading is positive on both sides with tenderness noted over the sacroiliac spine. Straight leg raise is positive on the right. Sensation to pinprick is decreased over the lateral foot and lateral calf on the right side. The treater cites 06/15/12 MRI lumbar without contrast: 1. L5-S1 5-6 mm left lateral disc extrusion with superimposed severe left hypertrophic facet changes 2. Moderately severe left L5 neural foraminal stenosis with pronounced L5 nerve impingement 3. L4-5 Moderate hypertrophic facet changes The patient's diagnoses include: 1. Spasm of muscle 2. Spinal lumbar DDD 3. Lower back pain 4. Lumbar radiculopathy 5. Lumbar facet syndrome The patient received 7 TFLESI 09/04/09 to 09/12/14. The most recent provided greater than 50% pain relief. There was a MBB 01/26/09 with no relief. Medications are listed as Provigil, Viagra, Colace, Senna, Gabapentin, Norco, Oxycontin and Ambien. The patient continues to be frustrated with ongoing denial of pain medications. The utilization review dated 11/20/14 modified the request for Gabapentin to no refills as minimal examination showed improved function; however, continued documentation of pain relief, function and lack of adverse side effects must be documented Reports were provided for review from 01/02/13 to 11/05/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 600mg #60 with 5 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18, 19.

**Decision rationale:** The patient presents with lower back pain radiating to the right leg. Pain is rated 5/10 with medications and 9.5/10 without. The patient is status post 09/12/14 TFLESI with greater than 50% pain relief. The current request is for Gabapentin 600mg #60 with 5 refills per 11/11/14 RFA. The 11/20/14 utilization review modified this request from 5 refills to 0 refills. MTUS has the following regarding Gabapentin (MTUS pg. 18, 19) Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The 11/05/14 report states, "Patient's meds are ESSENTIAL in reducing pain and allowing him to function which in turn improves his QoL. Patient states the pain in his lower back is so intense at times that he cannot get out of bed when he does not take his pain medication." The treater also states that Gabapentin is for neuropathic pain and helps the patient. Additionally the treater states that the patient is stable on the current medication regimen. The reports provided show the patient has been prescribed this medication since at least 01/02/13. The utilization review states the medication has been used since at least 06/20/12. The reports also state that with medications the patient is independent in self-care, can lift 10 more pounds, walk 6 blocks faster and stand 70 minutes longer. In this case, this medication is indicated as a first line treatment of neuropathic pain that is diagnosed for this patient. The reports provided document that the medication helps the patient and the medication regimen reduces pain 4.5 points on a scale of 10. However, the request is for 5 refills and continued documentation of improvement of pain, function and of side effects are normally and reasonably required in the interim. This report states, "PT Moved to Reno--to update pharmacy today's visit. RTC 4 weeks." The request appears to be more than 4 weeks supply. The request IS NOT medically necessary.

**Oxycontin 20mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 88-89, 76-78.

**Decision rationale:** The patient presents with lower back pain radiating to the right leg. Pain is rated 5/10 with medications and 9.5/10 without. The patient is status post 09/12/14 TFLESI with greater than 50% pain relief. The current request is for Oxycontin 20mg #60 (an opioid) per 11/11/14 RFA. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit,

and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The reports provided show the patient has been prescribed this medication since at least 01/02/13. The 11/05/14 report states, "Patient's meds are ESSENTIAL in reducing pain and allowing him to function which in turn improves is QoL. Patient states the pain in his lower back is so intense at times that he cannot get out of bed when he does not take his pain medication." The treater also states, "Oxycontin for long acting pain control--patient using regularly to help decrease baseline level pain--without Oxycontin patient reports pain would be poorly controlled and he would be more sedentary." Analgesia is documented in the reports provided. Pain is routinely assessed through the use of pain scales. Reports from 01/12/13 to 01/29/14 show pain at 5-6/10. Reports from 03/26/14 show pain at 4.5-5/10 with medications and 9.5/10 without. The treater states, "Pt is stable and has improved quality of life and increased capability for daily activities with medications regimen." The patient can perform household tasks including cooking, cleaning. Laundry, grocery shopping, errands and help his elderly parents at home, and self-care for 30-45 minutes but less than 10 minutes without medication. Opiate management issues are only partially addressed. The treater states that the patient denies side effects, the risks and benefits of opioid use have been discussed, the patient does not currently exhibit any adverse behavior and he has been advised of the option of weaning medications or opiate cessation programs at any time. The treater does cite a 07/15/14 CURES report and states it is appropriate. However, no current UDS's are provided or discussed. The most recent report mentioned is a 07/21/11 Urine Toxicology that shows positive for Hydrocodone, Hydromorphone and Oxycodone and inconsistent for Gabapentin. In this case, lacking recent UDS monitoring for long-term opioid use, the 4A's have not been sufficiently documented. The request IS NOT medically necessary.

**Norco 10/325mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 88-89, 76-78.

**Decision rationale:** The patient presents with lower back pain radiating to the right leg. Pain is rated 5/10 with medications and 9.5/10 without. The patient is status post 09/12/14 TFLESI with greater than 50% pain relief. The current request is for Norco 10/325mg #180 (Hydrocodone, an opioid) per 11/11/14 RFA. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The reports provided show the patient has been prescribed this medication since at least 01/02/13. The 11/05/14 report states, "Patient's meds are ESSENTIAL in reducing pain and allowing him to

function which in turn improves is QoL. Patient states the pain in his lower back is so intense at times that he cannot get out of bed when he does not take his pain medication." The treater also states, "Norco is for breakthrough pain control as needed--patient states norco starts within 30 mins and last up to 3-4 hours to reduce flared pan from activities throughout the day. " Analgesia is documented in the reports provided. Pain is routinely assessed through the use of pain scales. Reports from 01/12/13 to 01/29/14 show pain at 5-6/10. Reports from 03/26/14 show pain at 4.5-5/10 with medications and 9.5/10 without. The treater states, "Pt is stable and has improved quality of life and increased capability for daily activities with medications regimen." The patient can perform household tasks including cooking, cleaning. Laundry, grocery shopping, errands and help his elderly parents at home and, self-care for 30-45 minutes but less than 10 minutes without medication. Opiate management issues are only partially addressed. The treater states that the patient denies side effects, the risks and benefits of opioid use have been discussed, the patient does not currently exhibit any adverse behavior and he has been advised of the option of weaning medications or opiate cessation programs at any time. The treater does cite a 07/15/14 CURES report and states it is appropriate. However, no current UDS's are provided or discussed. The most recent report mentioned is 07/21/11 Urine Toxicology that shows positive for Hydrocodone, Hydromorphone and Oxycodone and inconsistent for Gabapentin. In this case, lacking recent UDS monitoring for long-term opioid use, the 4A's have not been sufficiently documented. The request IS NOT medically necessary.