

<b>Case Number:</b>	CM14-0206360		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	07/04/2000
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 injured worker (IW) is a 51-year-old man with a date of injury of July 4, 2000. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are status post left total knee replacement with ongoing knee pain and instability; chronic back pain, history of lumbar sprain/strain with disc herniation at L4-L5 contacting and impinging the right L5 exiting nerve root with chronic right left sciatic symptoms; hypogonadism from narcotic use; history of hepatitis C infection with normal liver enzymes currently; bipolar depression and anxiety disorder, exacerbated by pain, stable with psychotropic medications; neuropathic burning pain, right leg, stable with Neurontin; and Insomnia due to pain, stable with Ambien. Pursuant to the progress note dated November 5, 2014, the IW complains of ongoing back pain, and left knee pain. His pain is rated 8/10, at best 4/10, and without medications 10/10. The IW reports 50% reduction in his pain, and 50% functional improvement with activities of daily living with medications versus not taking them at all. Examination of the lumbar spine reveals limited range. Deep tendon reflexes are +1 at the knees and ankles. He reports altered sensory loss to light touch and pinprick in the right lateral calf and bottom of his foot. He ambulates with a limp. Examination of the left knee reveals obvious swelling. He can actively flex to 100 degrees, and extend to 0 degrees. Stability testing reveals laxity in all planes, consistent with his knee replacement. Current medications include MS Contin 60mg, Oxycodone IR 30mg, Ambien 10mg, Wellbutrin XL 300mg, Neurontin 600mg, Mobic 15mg, and Testosterone Injectable 200mg/ml. The IW has been taking MS Contin 60mg, Oxycontin IR 30mg, Neurontin, and Ambien since May 28, 2014, according to a progress note with the same date. It is unclear as to how long the IW has been taking the aforementioned medications. There is no subjective or objective documentation regarding insomnia. The treating physician reports insomnia in the list of diagnoses, but does not indicate whether or not the

Ambien has been working. There are no detailed pain assessments or evidence of objective functional improvement associated with the long-term use of Oxycontin and Neurontin. The current request is for Oxycodone 30mg #120, Ambien 10mg #30, Neurontin 600mg #60, and Testosterone 200mg 10ml vial.

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

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

**Oxycodone 30mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG), Oxycodone 30 mg #120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiates use. Satisfactory response to maybe indicated by the patient's decreased pain, increased level of function for improved quality of life the lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are status post left total knee replacement; chronic back pain, history of lumbar strain/sprain with this herniation at L4 - L5 chronic right leg sciatica symptoms; hypogonadism from narcotic use; history of hepatitis C; bipolar depression and anxiety disorder; neuropathic burning pain right leg stable with Neurontin; and insomnia stable with Ambien. A progress note dated November 5, 2014, indicates MS Contin 60 mg BID # 60 tabs is being refilled and Oxycodone immediate release 30 mg one tablet four times daily as needed #120 is being refilled. There is no clinical rationale/indication for the dual use of MS Contin and oxycodone. The utilization review indicates the injured worker was being weaned off of oxycodone. Prior reviews indicate a weaning schedule dated October 9, 2014 certifying #60 tablets (progress note not a medical record). The treating physician requested oxycodone 30 mg #120 and did not acknowledge any type of weaning schedule or reduction in dose as to quantity. Additionally, the documentation does not contain any objective functional improvement as it pertains to opiate use. The utilization review also addresses the morphine equivalent dose (MED) that is in excess of the recommended 120 and recommended weaning. Consequently, absent the appropriate clinical indication for the dual use of two narcotics, an MED in excess of the recommended guidelines, and clinical documentation without evidence of objective functional improvement, this request is not medically necessary.

**Ambien 10mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Ambien.

**Decision rationale:** Pursuant to the Official Disability Guidelines (ODG), Ambien 10 mg #30 is not medically necessary. Zolpidem (Ambien) is a short acting non-benzodiazepine hypnotic recommended for short-term (7 to 10 days) treatment of insomnia. For details see the Official Disability Guidelines (ODG). In this case, the injured worker's working diagnoses are status post left total knee replacement; chronic back pain, history of lumbar strain/sprain with this herniation at L4 - L5 chronic right leg sciatica symptoms; hypogonadism from narcotic use; history of hepatitis C; bipolar depression and anxiety disorder; neuropathic burning pain right leg stable with Neurontin; and insomnia stable with Ambien. A progress note dated November 5, 2014 indicates MS Contin 60 mg BID # 60 tabs is being refilled and oxycodone immediate release 30 mg one tablet four times daily as needed #120 is being refilled. There is no clinical rationale/indication for the dual use of MS Contin and oxycodone. The documentation does not contain any subjective indications of insomnia or difficulty sleeping. There is a diagnosis of insomnia that stable with Ambien. Ambien has been used by the injured worker is far back as May 28, 2014. This appears to be a refill and the exact start date and duration for Ambien use is unclear. Ambien is a short acting hypnotic recommended for short-term (7 to 10 days) treatment of insomnia. The request exceeded the recommended guidelines and the documents lack compelling clinical information to support its ongoing use. Consequently, absent the appropriate compelling clinical information to support Zolpidem use in contravention of the recommended guidelines (7 to 10 days) and clinical documentation of objective functional improvement, this request is not medically necessary.

**Neurontin 600mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Neurontin.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG), Neurontin 600 mg #60 is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions and fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an AED. In this case, the injured worker's working diagnoses are status post left total knee replacement; chronic back pain, history of lumbar strain/sprain with this herniation at L4 - L5 chronic right leg sciatica symptoms; hypogonadism from narcotic use; history of hepatitis C; bipolar depression and anxiety disorder; neuropathic burning pain right leg stable with Neurontin; and insomnia stable with Ambien. The documentation shows the injured worker

was taking Neurontin as far back as May 24, 2014. The injured worker reports subjective improvement; however, continues to complain of persistent pain, unchanged from previous reported findings. The documentation does not contain evidence of objective(s) improvement with continued Neurontin use. Consequently, absent the clinical documentation with objective functional improvement with respect to Neurontin, this request is not medically necessary.

**Testosterone 200mg #10ml vial:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Testosterone

**Decision rationale:** Pursuant to the Official Disability Guidelines (ODG), Testosterone 200 mg #10 ML vial is not medically necessary. Testosterone replacement for hypogonadism is recommended in limited circumstances for patients taking high dose long-term opiates with documented low testosterone levels. See the Official Disability Guidelines for details. In this case, there is no physical examination of the genitalia. There are no blood tests with any documented testosterone levels. There are no consultations with any specialists in the field (i.e. Endocrinology) to verify the presence of low testosterone secondary hypogonadism. Consequently, absent consultations with specialists and other documented low testosterone level(s), this request is not medically necessary.