

<b>Case Number:</b>	CM14-0023209		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	07/30/1998
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Pediatrics, Internal Medicine

### 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 is a 51 year old male, who sustained an industrial injury on 7/30/1998. The diagnoses have included lumbar radiculopathy, lumbar post-laminectomy syndrome, lumbar spondylosis, cervical radiculopathy and cervical degenerative disc disease. Treatment to date has included physical therapy, epidural steroid injection (ESI) and pain medications. According to the Primary Treating Physician's Progress Report dated 1/21/2014, the injured worker had complaints of low back pain and lower extremity pain, left neck pain and upper extremity numbness. Left leg had increased in the last few months which was previously improved by epidural injection. The injured worker had difficulty sleeping due to low back pain and lower extremity pain but Lunesta helped. Duragesic, Percocet and Celebrex helped with dull, aching and radicular pain. The injured worker had started cutting down on neurontin and had not noticed any change in pain. Objective findings revealed the injured worker to be in mild distress and somewhat depressed with a flat affect due to chronic pain. There was tenderness to palpation over the lumbar spine and left greater trochanteric bursa. Lumbar range of motion was limited. Authorization was requested for medication refills. On 2/10/2014, Utilization Review (UR) non-certified requests for Duragesic 25mcg and 12mcg refill times two months, 90 tablets of Neurontin 600mg refill times two months, 30 tablets of Lunesta 3mg refill times two months, 30 tablets of Celebrex 200mg refill times two months and 90 tablets of Percocet 10/325mg refill times two months, citing Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG). UR modified a request for 60 tablets of Baclofen 10mg refill

times two months to 20 tablets of Baclofen 10mg with no refill, citing Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG).

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

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

**Duragesic 25mcg and 12mcg with two refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use 4) On-Going Management Page(s): 78.

**Decision rationale:** The IW has been on long term opioids which is not recommended. Additionally, documentation did not include review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. This request is not medically necessary and reasonable at this time.

**Neurontin 600mg #90 with two refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 15-19.

**Decision rationale:** MTUS guidelines state that antiepileptic drugs are recommended for neuropathic pain. A “good” response to the use of AEDs has been defined as a 50% reduction in pain and a “moderate” response as a 30% reduction. Neurontin has been considered as a first-line treatment for neuropathic pain. The patient should be asked at each visit as to whether there has been a change in pain or function. It is noted that there is no EMG/NCV to document neuropathy in the IW. Additionally, the IW started to wean himself off the neurontin with no change in pain level which suggests a lack of neuropathic component. As the medication was ineffective and was being weaned off this request is not medically necessary and reasonable.

**Lunesta 3mg #30 with two refills:** 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), Pain Procedure Summary.

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

**Decision rationale:** Per ODG pharmacological agents for insomnia should only be used after careful evaluation of potential causes of sleep disturbance for the etiology. Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Lunesta is indicated for treatment of insomnia, not recommended for long-term use, but recommended for short-term use. There is no discussion of an investigation into the origin of the sleep disturbance and non-pharmacological interventions that may have been utilized. There is notation that the IW did not respond to Ambien, Ambien CR and Sonata. This request is not medically necessary and appropriate.

**Celebrex 200mg #30 with two refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects.

**Decision rationale:** Celebrex is indicated for relief of signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. There is no indication in the progress notes that the IW has any of these conditions. Additionally, COX-2 inhibitors are indicated due to GI distress with nonselective NSAIDs but there is no documentation of those symptoms. This request is not medically necessary and appropriate at this time.

**Percocet 10/325mg #90 with two refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use 4) On-Going Management Page(s): 78.

**Decision rationale:** The IW has been on long term opioids which is not recommended. Additionally, documentation did not include review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. This request is not medically necessary and reasonable at this time.

**Baclofen 10mg #20 with two refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

**Decision rationale:** Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Baclofen is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain (trigeminal neuralgia, non-FDA approved). Documentation notes that the IW has been on Baclofen for some time and there was no spasm noted on physical exam. This request is not medically necessary and appropriate.