

<b>Case Number:</b>	CM15-0003512		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	02/20/2012
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 64- year old male, who sustained an industrial injury on 2/20/2012. Treatment to date has included pain medication, physical therapy, chiropractic, acupuncture, orthopedic consultation and epidural steroid injections at C4-C5 and C5-C6. The steroid injection was reported to provide 50-60 percent improvement in pain and a decrease in radicular symptoms, numbness and tingling, which lasted five weeks. Currently, the injured worker complains of cervical spine pain and lumbar pain with radicular complaints. Accompanying symptoms included stiffness on the left side with ache and spasm at the left side of the head/neck. The worker also reported headaches, dizziness, anxiety, depression and sleep disturbance. Diagnoses included cervical disc disease and cervical radiculopathy. He also has low back pain with lumbar radicular complaints, prompting request for lumbar epidural steroid injections. On December 23, 2014, the Utilization Review decision non-certified Norco 5/325mg, 60 count, Neurontin 600mg, 60 count and a pain management consultation for consideration of lumbar spine epidural steroid injection. The Norco had been used since June 2014 and the medication was not recommended for long-term use unless there was documentation of pain relief and functional improvement, which was not documented in the medical records, 24 tablets were approved for weaning. Neurontin is indicated for the treatment of diabetic painful neuropathy and post-herpetic neuralgia, in this case the medication was not indicated and therefore non-certified. The pain management consultation was not approved since the purpose was for epidural steroid injections and this treatment was considered not medically necessary. The MTUS, Chronic Pain Medical Treatment Guidelines was cited. On January 7, 2015, the

injured worker submitted an application for IMR for review of Norco 5/325mg, 60 count, Neurontin 600mg, 60 count and a pain management consultation for consideration of lumbar spine epidural steroid injection.

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

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

**Norco 5/325mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80 and 91.

**Decision rationale:** Norco is a brand name for hydrocodone, a short-acting opioid analgesic, combined with acetaminophen. The MTUS states that opioids are not recommended as first line therapy for neuropathic pain. Opioids are suggested for neuropathic pain that has not responded to first line recommendations including antidepressants and anticonvulsants. The MTUS states that reasonable alternatives to opioid use should be attempted. There should be a trial of non-opioid analgesics. When subjective complaints do not correlate with clinical studies a second opinion with a pain specialist and a psychological assessment should be obtained. The lowest possible dose should be prescribed to improve pain and function. Ongoing use of hydrocodone/acetaminophen requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. In this case the medical records indicate that the injured worker continues to use Norco since at least December 2013. The records do not document that there are no aberrant pain behaviors or signs of abuse. Urine drug testing has been performed. It was initially noted that the medications provide significant pain relief and allow improved functional status and performance of ADLs. Ongoing functional improvement is not clearly documented and there is no documentation of a pain assessment as noted above. The Utilization Review approved Norco, #24, for attempted weaning off the medication. At this time the request for Norco 5/325 #60 is not medically necessary.

**60 Neurontin 600mg, dispensed: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines AEDs (Anti-Epilepsy Drug).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 18-19.

**Decision rationale:** Neurontin (gabapentin) is an anti-epilepsy drug. The MTUS recommends use of antiepileptic drugs for neuropathic pain. Most randomized controlled trials for the use of this class of medications for neuropathic pain have been directed at postherpetic neuralgia and

painful polyneuropathy. There are few randomized control trials directed at central pain and none for painful radiculopathy. The choice of specific agents depends on the balance between effectiveness and adverse reactions. A good response to the use of antiepileptic drugs is defined as a 50% reduction in pain and a moderate response as a 30% reduction. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects that occurred with use. The continued use of antiepileptic drugs depends on improved outcomes versus tolerability of adverse effects. Gabapentin 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 medical records provided do not support continued use of gabapentin since there is no reported decrease in pain of 30%-50% or other improved outcomes related to use of Neurontin. The request for Gabapentin 600mg #60 is not supported by the MTUS and is not medically necessary.

**1 Pain management consultation; in consideration of lumbar spine epidural steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs). Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007 pg.56

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations and Consultations - page 127

**Decision rationale:** The ACOEM guidelines note that the primary treating physician may refer to other specialists if a diagnosis is uncertain or extremely complex, and psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. The ODG guidelines document criteria for multidisciplinary pain programs, pain clinics including interventional treatment, early intervention programs, and functional restoration programs. The request for consultation with a pain management specialist is in consideration of lumbar spine epidural steroid injection. The MTUS recommends epidural steroid injections as a possible option for short-term treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) with use in conjunction with active rehab efforts. Not recommended for spinal stenosis or for nonspecific low back pain. The purpose of ESI is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, reduction of medication use and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. In this case the medical records document no radiculopathy on electrodiagnostic testing. Without appropriate clinical documentation to support the request the recommendation for lumbar epidural steroid injections is not medically necessary. As such, the request for referral to pain management specialist in consideration of lumbar spine epidural steroid injection is not medically necessary.