

<b>Case Number:</b>	CM15-0102238		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	04/01/2011
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 48 year old man sustained an industrial injury on 4/1/2011. The mechanism of injury is not detailed. Evaluations include lumbar spine MRI dated 9/24/2012. Diagnoses include cervical sprain/strain, lumbar disc displacement, lumbar facet arthropathy, lumbar radiculopathy, lumbar spinal stenosis, right lower extremity pain, right shoulder pain, depression, chronic pain, and lumbar spine herniated nucleus pulposus. Treatment has included oral medications, physical therapy, psychiatric treatment, and transforaminal epidural steroid injection. Physician notes dated 4/30/2015 show complaints of neck pain with radiation to the bilateral upper extremities, low back pain with radiation to the bilateral lower extremities, and depression. The worker states his pain is rated 9/10 with medications and 10/10 without medications. Recommendations include lumbar epidural transforaminal steroid injection, home exercise program, urine drug screen, Flexeril, Gabapentin, Hydrocodone/Acetaminophen, Tramadol, and follow up in one month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91, 94, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents with neck pain radiating down the upper right extremity to the right elbow and low back pain radiating to bilateral lower extremities, left greater than right, with numbness to the level of bilateral feet. The request is for HYDROCODONE 10/325 MG #60. Physical examination to the lumbar spine on 04/30/15 revealed tenderness to palpation to the spinal paravertebral area, L4-S1 levels. Range of motion was limited with pain. Straight leg was positive in seated position bilaterally at 40 degrees. Patient has had ESI injections and physical therapy with benefits. Per 04/02/15 progress report include cervical strain/sprain, lumbar disc displacement, lumbar facet arthropathy, lumbar radiculopathy, lumbar spinal stenosis, right lower extremity pain, right shoulder pain, depression, chronic pain - other, herniated nucleus pulposus extrusion at L4-5 with bilateral L5 nerve compression and annular tear at L4-5 and L5-S1. Patient's medications, per 03/05/15 progress report include Cyclobenzaprine, Gabapentin, Tramadol, and APAP/Codeine Phosphate. Patient is currently not working. 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. MTUS p 90 states, "Hydrocodone has a recommended maximum dose of 60mg/24 hrs." Treater has not discussed this request. Patient has received prescriptions for Hydrocodone from 11/6/14 and 04/30/15. In progress report dated 03/05/15, it is stated, "Discontinue the following medication: Hydrocodone/APAP." In this case, treater has not discussed examples of specific ADL's nor provided functional measures demonstrating significant improvement due to Hydrocodone. Per 04/30/15 progress report, a CURES report was obtained 11/06/14 and reviewed. However no discussions regarding aberrant behavior were provided. No UDS reports were provided either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

**Gabapentin 600mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-epilepsy drugs, Gabapentin Page(s): 18-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Medications for chronic pain Page(s): 18-19, 60.

**Decision rationale:** The patient presents with neck pain radiating down the upper right extremity to the right elbow and low back pain radiating to bilateral lower extremities, left greater than right, with numbness to the level of bilateral feet. The request is for GABAPENTIN 600 MG #60. Physical examination to the lumbar spine on 04/30/15 revealed tenderness to

palpation to the spinal paravertebral area, L4-S1 levels. Range of motion was limited with pain. Straight leg was positive in seated position bilaterally at 40 degrees. Patient has had ESI injections and physical therapy with benefits. Per 04/02/15 progress report include cervical strain/sprain, lumbar disc displacement, lumbar facet arthropathy, lumbar radiculopathy, lumbar spinal stenosis, right lower extremity pain, right shoulder pain, depression, chronic pain - other, herniated nucleus pulposus extrusion at L4-5 with bilateral L5 nerve compression and annular tear at L4-5 and L5-S1. Patient's medications, per 03/05/15 progress report include Cyclobenzaprine, Gabapentin, Tramadol, and APAP/Codeine Phosphate. Patient is currently not working. MTUS has the following regarding Gabapentin on 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." MTUS p 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater has not discussed reason for the request. In review of the medical records provided, Gabapentin was prescribed from 11/06/14 and 04/30/15. In this case, the treater has not discussed how this medication significantly reduces patient's pain and helps with activities of daily living. MTUS page 60 states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The request does not meet all the criteria listed by MTUS, therefore, it IS NOT medically necessary.

**Tramadol 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol Page(s): 78-80, 91, 94, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Tramadol Page(s): 76-78, 88-89,113.

**Decision rationale:** The patient presents with neck pain radiating down the upper right extremity to the right elbow and low back pain radiating to bilateral lower extremities, left greater than right, with numbness to the level of bilateral feet. The request is for TRAMADOL 50 MG #60.

Physical examination to the lumbar spine on 04/30/15 revealed tenderness to palpation to the spinal paravertebral area, L4-S1 levels. Range of motion was limited with pain. Straight leg was positive in seated position bilaterally at 40 degrees. Patient has had ESI injections and physical therapy with benefits. Per 04/02/15 progress report include cervical strain/sprain, lumbar disc displacement, lumbar facet arthropathy, lumbar radiculopathy, lumbar spinal stenosis, right lower extremity pain, right shoulder pain, depression, chronic pain - other, herniated nucleus pulposus extrusion at L4-5 with bilateral L5 nerve compression and annular tear at L4-5 and L5-S1. Patient's medications, per 03/05/15 progress report include Cyclobenzaprine, Gabapentin, Tramadol, and APAP/Codeine Phosphate. Patient is currently not working. 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. MTUS Chronic Pain Medical Treatment

Guidelines for Tramadol, page 113 for Tramadol(Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Treater does not discuss this request. Patient has received prescriptions for Tramadol from 11/06/14 and 04/30/15. In this case, treater has not discussed how Tramadol decreases pain and significantly improves patient's activities of daily living. Per 04/30/15 progress report, a CURES report was obtained 11/06/14 and reviewed. However, there are no discussions regarding adverse side effects, aberrant behavior, specific ADL's, etc. No UDS, reports were provided either. Given the lack of documentation as required by MTUS, the request IS NOT medically necessary.

**Cyclobenzaprine 7.5mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**Decision rationale:** The patient presents with neck pain radiating down the upper right extremity to the right elbow and low back pain radiating to bilateral lower extremities, left greater than right, with numbness to the level of bilateral feet. The request is for CYCLOBENZAPRINE 7.5 MG # 30. Physical examination to the lumbar spine on 04/30/15 revealed tenderness to palpation to the spinal paravertebral area, L4-S1 levels. Range of motion was limited with pain. Straight leg was positive in seated position bilaterally at 40 degrees. Patient has had ESI injections and physical therapy with benefits. Per 04/02/15 progress report include cervical strain/sprain, lumbar disc displacement, lumbar facet arthropathy, lumbar radiculopathy, lumbar spinal stenosis, right lower extremity pain, right shoulder pain, depression, chronic pain - other, herniated nucleus palposus extrusion at L4-5 with bilateral L5 nerve compression and annular tear at L4-5 and L5-S1. Patient's medications, per 03/05/15 progress report include Cyclobenzaprine, Gabapentin, Tramadol, and APAP/Codeine Phosphate. Patient is currently not working. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non- sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol,cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Treater has not discussed this request. Patient has received prescriptions for Cyclobenzaprine from 11/06/14 and 04/30/15. MTUS Guidelines do not recommend use of Cyclobenzaprine for longer than 2 to 3 weeks, and the requested 30 tablets, in addition to prior prescriptions does not imply short-term therapy. Therefore, the request IS NOT medically necessary.