

<b>Case Number:</b>	CM15-0133097		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	08/15/1997
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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: New Jersey  
 Certification(s)/Specialty: Family Practice

### 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 57 year old male, who sustained an industrial injury on August 15, 1997. He reported the initial complaints or symptoms reported by the IW. The injured worker was diagnosed as having failed back surgery syndrome, lumbar degenerative disc disease with low back pain and lumbar radiculopathy. Treatment to date has included diagnostic studies, radiographic imaging, and surgical intervention of the lumbar spine, left sacroiliac injection, conservative care, medications and work restrictions. Currently, the injured worker complains of low back pain and lower extremity pain, worse with cold weather. The injured worker reported an industrial injury in 1997, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on February 20, 2015, revealed continued pain as noted. He rated his pain using a visual analog scale (VAS) from 1-10 with 10 being the worst at 4. Evaluation on March 23, 2015, revealed continued pain as noted. He reported less left lower extremity pain since a recent left sacroiliac injection and lumbar epidural. It was noted he was exercising and walking. He rated his pain using a VAS at 3. Medications were continued. Evaluation on May 26, 2015, revealed continued back pain as noted with associated symptoms. He rated his pain using a VAS at a 6. Duragesic, Neurontin and Oxycodone were continued. Duragesic 50 mcg/hr patch, Qty 15, brand name only, apply 1 patch topically every 48 hrs, 30 day supply, 0 refills, Neurontin 300 mg tabs Qty 90, 1 tab by mouth 3 times daily, 30 day supply, 0 refills and Oxycodone 15 mg tabs, Qty 120, 1 tab by mouth every 4 hrs (max 4 per day), 30 day supply, 0 refills were requested.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Duragesic 50 mcg/hr patch, Qty 15, brand name only, apply 1 patch topically every 48 hrs, 30 day supply, 0 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Physician's Desk Reference 68th edition; Goodman & Gilman's: The Pharmacological Basis of Therapeutics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids pp.78-96, Weaning of Medications, p. 124 Page(s): 44; 93.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. Weaning opioids should include the following: complete evaluation of treatment, comorbidity, and psychological condition, clear written instructions should be given to the patient and family, refer to pain specialist if tapering is difficult, taper by 20-50% per week of the original dose for patients who are not addicted or 10% every 2-4 weeks with slowing reductions once 1/3 of the initial dose is reached, switching to longer-acting opioids may be more successful, and office visits should occur on a weekly basis with assessments for withdrawal. In the case of this worker, there was insufficient documentation to show that this full review regarding Duragesic was completed in the past year or so, which is required before consideration of continuation can be made. There was no measurable assessment of effectiveness of this medication made recently to warrant continued use. It was clear from the documentation that there was some effort to wean this medication over the past year, but moving from 75 mcg to 50 mcg was the only change seen, and this was from months ago. The worker expressed interest in continuing the weaning process, but the request was made for the same dose and frequency. Mention of intentions to reduce the frequency from every 48 hours to every 72 hours was seen in the notes, but there was no indication as to why this couldn't happen sooner. The number of pills request was more than needed if this weaning were to have continued, which is recommended. Therefore, this request for Duragesic 50 mcg #15 is not medically necessary.

**Oxycodone 15 mg tabs, Qty 120, 1 tab by mouth every 4 hrs (max 4 per day), 30 day supply, 0 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Physician's Desk Reference 68th edition; Goodman & Gilman's: The Pharmacological Basis of Therapeutics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids pp.78-96 Page(s): 74-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient documentation to show that this full review regarding Duragesic was completed in the past year or so, which is required before consideration of continuation can be made. There was no measurable assessment of effectiveness of this medication made recently to warrant continued use. The record showed very slow weaning of Duragesic and intention to continue this wean while keeping the dose and frequency of the oxycodone the same until the Duragesic is effectively eliminated or reduced, which is reasonable. However, the lack of supportive measurable evidence for benefit with its use which was missing from the documentation over the past year or so, there cannot be approval for continuation. Therefore, the oxycodone is not medically necessary.

**Neurontin 300 mg tabs Qty 90, 1 tab by mouth 3 times daily, 30 day supply, 0 refills:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Physician's Desk Reference 68th edition; Goodman & Gilman's: The Pharmacological Basis of Therapeutics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs, pp. 16-22 Page(s): 16.

**Decision rationale:** The MTUS Guidelines state that antiepilepsy drugs (or anti-convulsants) are recommended as first line therapy for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects is required for continual use. Preconception counseling is advised for women of childbearing years before use, and this must be documented. In the case of this worker, there was a medical diagnosis of lumbar radiculopathy, however, no physical examination notes revealed or confirmed this diagnosis for the reviewer to see evidence of neuropathy to warrant Neurontin. Also, there was no report made in the past six or more months to show measurable neuropathy symptom reduction directly from the use of this medication, which might have helped justify this request for continuation. Without evidence of the presence of neuropathy and effectiveness of this medication, the Neurontin is not medically necessary at this time until this is provided for review.